

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

THURSDAY 19TH MARCH, 2015

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

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

Chairman: Councillor Sachin Rajput
Vice Chairman: Councillor Tom Davey

Councillors

Barry Rawlings	Pauline Coakley Webb	Reema Patel
Philip Cohen	Helena Hart	Reuben Thompstone
	David Longstaff	

Substitute Members

Councillor Anthony Finn	Councillor Brian Gordon	Councillor Daniel Thomas
BSc (Econ) FCA	LLB	BA (Hons)
Councillor Anne Hutton	Councillor Ammar Naqvi	Councillor Jim Tierney

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

Andrew Charlwood – 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

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1.	Minutes	1 - 6
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Decisions of the Adults and Safeguarding Committee

26 January 2015

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)
Councillor Tom Davey (Vice-Chairman)

Councillor Barry Rawlings	Councillor David Longstaff
Councillor Philip Cohen	Councillor Reema Patel
Councillor Pauline Coakley Webb	Councillor Reuben Thompstone
Councillor Helena Hart	

1. MINUTES

RESOLVED that the minutes of the meeting of 20 November 2014 are agreed as a correct record.

2. ABSENCE OF MEMBERS

There were none.

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

None.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

There were none.

5. MEMBERS' ITEMS (IF ANY)

There were none.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None were received.

7. CORPORATE GRANTS PROGRAMME, 2014/15 - GRANT APPLICATIONS

The Adults and Health Commissioning Director Dawn Wakeling introduced the report which included special conditions contained in the assessments of grant applications by three not-for-profit organisations.

The Committee noted that the applicants will be formally notified of the decisions taken.

The Chairman of the Adults and Safeguarding Committee **MOVED** to the vote on the Recommendations as set out in the report.

The votes were recorded as follows:

In Favour	9
Against	0
Abstentions	0

RESOLVED that:

- 1. That a one-year start-up grant of £7,500 be awarded to Barnet Seniors' Assembly, subject to the council's Standard Conditions of Grant Aid and the special conditions shown in the grant assessment enclosed.**
- 2. That, for the reasons set out in the relevant assessment, the application for a grant by Barnet Association of Tamil Elders is not supported.**
- 3. That a one-year start-up grant of £6,480 be awarded to SAAM Theatre Company, subject to the council's Standard Conditions of Grant Aid and the special conditions shown in the grant assessment enclosed.**

8. THE IMPLICATIONS OF THE COMMISSIONING PLAN AND THE CARE ACT 2014 FOR ADULT SOCIAL CARE IN BARNET

The Chairman of the Adults and Safeguarding Committee introduced the report and noted the overall vision of the Commissioning plan as set out under paragraph 2.1 of the report.

The Adults and Health Commissioning Director Dawn Wakeling, informed the Committee of the need to reduce the demand for adult social care through enabling people to live healthier, full and active lives alongside the development of innovative ways to meet demand growth and financial pressures.

It was noted that the Commissioning Plan approach is consistent with the themes identified within the Health and Well-Being Strategy, in particular, 'Care where Needed' which identifies plans for developing increased independence for older people.

The Committee further noted that the development of a Strategic Outline Case for a new Target Operating Model for Adults Social Care which will be presented to the Committee in autumn 2015.

The Chairman of the Committee MOVED to the vote on the Recommendations as set out in the report.

Votes were recorded as follows:

In Favour	5
Against	0
Abstentions	4

RESOLVED that:

1. **The Adults and Safeguarding Committee agree the strategic case for change in the report.**
2. **The Adults and Safeguarding Committee agree the service development principles set out in this report in section 4.**
3. **The Adults and Safeguarding Committee agree the approach to initiating the alternative delivery project.**

9. IMPLEMENTATION OF THE CARE ACT 2014 - ADULT SOCIAL CARE DEFERRED PAYMENTS POLICY

The Chairman welcomed Gary Johnson, Customer Finance Manager to the meeting.

Mathew Kendall, the Adults and Communities Director introduced the report which set out the Council's policy for a new universal deferred payments scheme to take effect from the 1st of April 2015.

The Adults and Communities Director informed the Committee that by virtue of the Care Act 2014 all councils in England will be required to offer a deferred payment scheme to people who are assessed as needing residential/ nursing care and their main home has been taken into account when financially assessing a contribution.

Councillor Reuben Thompstone referred to paragraph 1.2 of the report (p.25) and noted that for clarity a comma should be inserted following the wording 'a spouse or partner' to read:

For some people who are assessed as needing care and move into residential/nursing care and own their home there is an automatic disregard of the value of the property where, for example, it is occupied by a spouse or partner, or a close relative who has a disability. This will continue under universal deferred payments.

Mr Johnson briefed the Committee about the interest and administrative charges and noted that the interest rate charged by the Council from 1 April 2015 will be reviewed on a quarterly basis to reflect any change in the Council's borrowing requirements and interest rates.

The Committee requested that Officers provide Members with a summary on Universal Deferred Payments Scheme in relation to The Care Act 2014 illustrating the discretionary and non-discretionary elements of the scheme.

The Chairman MOVED to the vote on the Recommendations as set out in the report.

Votes were recorded as follows:

In Favour	9
Against	0
Abstentions	0

RESOLVED that:

1. That the Adults and Safeguarding Committee approve the adoption of a new universal deferred payments scheme as set out in this report with effect from 1 April 2015. This scheme will meet statutory guidance and the legislative requirements of the Care Act 2014.

2. The Adults and Safeguarding Committee approve the recommendations on the amounts that can be deferred. The recommendations as set out in paragraphs 2.4 to 2.5 of this report:

2 (a) That approval is given that under Barnet Council's universal deferred payments scheme the amounts that can be deferred will generally be the actual rate the person pays the residential/nursing care provider.

2(b) That approval is given that the rate to be deferred will be regularly reviewed under the guidance and procedures.

3. The Adults and Safeguarding Committee approve the recommendations on interest and administrative charges for deferred payments. The recommendations as set out in paragraphs 2.9 to 2.11 of this report:

3 (a) That approval is given that the interest rate is set at the rate it costs the Council and/or at the rate as set by the Department of Health, whichever is the lower amount.

3 (b) That approval is given that the actual costs incurred in arranging and maintaining the deferred payment will be charged.

3 (c) That approval is given that the administrative, legal and interest charges will be rolled up into the overall deferred payment agreement should the person decide they want to defer these costs.

4. The Adults and Safeguarding Committee approve the recommendations on offering deferred payments to people receiving non-residential care services, in addition to residential care. The recommendations as set out in paragraphs 2.14 to 2.15 of this report:

4 (a) That approval is given that options around offering deferred payments to people receiving community based care services will be explored and should further amendments to the scheme be required a report will come back to the Adults and Safeguarding Committee on this issue.

4 (b) That approval is given that on a 'case by case' basis that the Barnet scheme allows deferred payments for people in supported living.

5. The Adults and Safeguarding Committee approve the recommendation on the treatment of rental income from properties. The recommendation as set out in paragraph 2.21 of this report:

5 (a) That approval is given that the option of a disregard on rental income is reviewed after consulting other local authorities to establish best practice and further work with Barnet Homes and other housing providers to establish the viability of a rental income disregard scheme. If a rental income disregard is viable, that this is included within the deferred payments guidance and

procedures.

6. The Adults and Safeguarding Committee approve the recommendation on the types of security that can be accepted when offering deferred payment. The recommendation as set out in paragraph 2.23 of this report:

6(a) That approval is given that the requirement to have discretion to accept other forms of security will be incorporated within the finalised universal deferred payments guidance and procedures.

7. The Adults and Safeguarding Committee give approval to the recommendation that authority to finalise and agree a universal deferred payments guidance and procedure is delegated to the Director for Adults and Communities in consultation with the Chairman of the Adults and Safeguarding Committee. The recommendation as set out in paragraph 2.28 of this report.

8. That the Adult and Safeguarding Committee give rigorous consideration to the equalities analysis and the consultation outcomes in the appendices to this report (Appendices 1 and 2).

10. COMMITTEE FORWARD WORK PROGRAMME

The Committee noted the Forward Work Programme as set out in Appendix A of the report. When considering the Forward Work Programme, Officers commented that it might be advisable to group forthcoming items on The Care Act 2014.

RESOLVED that:

- 1. The Committee note the 2014/15 work programme.**

11. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

There were none.

The meeting finished at 8.15pm.

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	AGENDA ITEM 6a
	<p>Adults & Safeguarding Committee</p> <p>19 March 2015</p>
Title	Member’s Item – Your Choice Barnet
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita Vukomanovic, Governance Team Leader Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary
The report informs the Adults & Safeguarding Committee of a Member’s Item and requests instructions from the Committee.

Recommendations
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 Barry Rawlings has requested that a Member's Item be considered on the following matter:

1.2 *Following the Care Quality Commission inspection rating of 'inadequate' for Your Choice Barnet run Supported Living Services I am asking that the Adults & Safeguarding Committee is provided with an urgent briefing on the service including:*

- *Details of when the Chair of the Adults & Safeguarding Committee was first made aware of any issues with the service*
- *Details of when the Barnet Group Board and Your Choice Barnet Board were first made aware of any issues with the service*
- *Whether any reviews of care plans highlighted any issues before the inspection*
- *An analysis of the increase in use of agency / temporary staff from 2010/11 to date*
- *An analysis of the impact of changing the management structure to only one manager across 5 sites*
- *Whether there were any safeguarding alerts relating to the service at any point*
- *An update on implementation of the action plan since the inspection*

I would like the committee to assess whether the service needs to be brought back in house.

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) notes 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 9 March 2015.

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	AGENDA ITEM 7
	Adults and Safeguarding Committee 19 March 2015
Title	Your Choice Barnet Task and Finish Group follow up report
Report of	Dawn Wakeling – Adults and Health Commissioning Director
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Rodney D’Costa – Head of Joint Commissioning rodney.d'costa@barnet.gov.uk 020 8359 4304

<h3>Summary</h3>
<p>Safeguarding Overview and Scrutiny Committee on 27 November 2013 received a report from the Your Choice Barnet Scrutiny Task & Finish Group and endorsed the report for onward referral to Cabinet. The meeting of Cabinet on 25 February 2014 supported the recommendations of the Task and Finish Group. This report provides an update on implementation of the recommendations.</p>

<h3>Recommendations</h3>
<p>1. Adults and Safeguarding Committee is asked to note and comment as appropriate on the progress made on implementation of the recommendations by the Your Choice Barnet Task and Finish Group.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 This report provides an update on implementation of the Your Choice Barnet Task and Finish Group's recommendations, which were originally presented and endorsed by Safeguarding Overview and Scrutiny Committee on 27 November 2013 for onward referral to Cabinet on 25 February 2014.
- 1.2 At its meeting of 3 July 2013 the Business Management Overview and Scrutiny Committee agreed to establish a Task and Finish Group (T&FG) to review the business plans for Your Choice Barnet (YCB) with findings being reported to the Safeguarding Overview and Scrutiny Committee (the responsible thematic overview and scrutiny committee). A final meeting of the T&FG took place on 23 September 2013, at which conclusions and recommendations were presented and endorsed for onward referral to Cabinet. The meeting of Cabinet on 25 February 2014 supported the recommendations of the T&FG. This report provides an update on implementation of the aforementioned recommendations. The following paragraphs therefore set out the Cabinet Minutes for context and each of the T&FG recommendations with an implementation update.
- 1.3 Cabinet Minutes (Item 5) 25 February 2014 resolved that Cabinet:
- i) Support recommendations 1 and 2 of the Task and Finish Group;
 - ii) Support recommendation 3 of the Task and Finish Group and agree that the Council as well as Your Choice Barnet could explore such alternative funding models;
 - iii) Is of the opinion that recommendation 4 be revisited at a future date pending the Barnet Group's review of its structure, and implementation of the Council's new governance arrangements.
- 1.4 **T&FG Assessment** – YCB provides quality care through a team of dedicated staff. However, as a result of budget-motivated pressures to benchmark salaries and restructure staff, morale among some staff has been low. This has, in turn, had an impact on Key Performance Measures such as sickness absence. YCB should continue to engage with staff and unions on proposals that may affect terms and conditions. However, swift action should be taken to agree core staffing needs in order that staff may know where they stand in the long-term. The T&FG understood the need for high-quality agency staff to provide auxiliary support, but believes that motivated permanent staff offered a greater commitment to best quality care. Communication with staff, service users, their families and those investigating care options should highlight staff ratios, core staffing levels and the flexibility to adapt and grow.
- 1.4.1 **T&FG Recommendation One** – Core permanent (non-agency) staffing levels for each service area should be identified on the YCB Risk Register as a Risk to Continuity of Service and Reputation. Risk Management Control should be in place before December 2013 to ensure that the identified number of core permanent staff for each service is maintained or exceeded at all times in order to mitigate any perceived risk posed to quality of present service provision. 'Next Steps/Action' recorded in the Risk Register should describe

how this will be communicated across the organisation and more widely to ensure consistency and reassure Service Users and their families.

1.4.2 YCB Officer Response to Recommendation One – Core staffing levels for each of the services were implemented in December 2013 and a 10% flex was agreed to ensure that services can react to fluctuation in service level requirements. Supported Living recruitment campaigns started in January 2014. 8 offers were made but 2 were withdrawn due to poor references. It took up to 6 months to complete this recruitment mainly as a result of delays related to the Disclosure and Barring Scheme (DBS) requirements. A second campaign started in October 2014 where 5 offers were made with 1 withdrawn due to immigration issues. This campaign has just been completed again due to DBS issues. Of the 10 offers most had been working with us via agency therefore consistency of care was maintained. A mixture of regular agency and “as and when” staff is available for the services to call on to cover staff absence due to annual leave, sickness and training etc. Agency staff are also utilised on a short term basis to cover vacancies that have arisen in order to ensure that the services are adequately staffed. All staff including agency and “as and when” go through a recruitment and selection process. Communication on staffing levels (including use of agency and “as and when”) is managed locally through service user meetings and family meetings where appropriate. The Barnet Group risk register does identify overuse of agency, “as and when” and interim staff as a risk and is being actively managed. This risk has been in place since 2012 and has a sub risk in respect of YCB specifically which is managed and owned directly by the Director of Care & Support and reviewed every quarter.

1.4.3 The staffing establishment and use of Agency staffing across the Supported Living Service is as follows:

Permanent staffing establishment

x 3 coordinators

x 8 support workers

x 18 assistant support workers (19 from 2015/16)

x 4 Full Time Equivalent (FTE) assistant support workers posts are also budgeted for annual leave, training and sick cover by “as and when” and agency workers.

Vacant posts (from the above staffing establishment) as at 2nd March 2015

x 1 support worker

x 6.5 assistant support workers

1.4.4 The vacancy rate was therefore equivalent to 17.4%. YCB management have advised Adults & Communities Delivery Unit that Agency and “as and when” staff are being used to cover these vacancies as appropriate. For our day services we are operating in line with our plans for a 10% agency level and this year has seen an 11% reduction in agency spend with a further 39% reduction planned for next year now that many positions have been appointed to.

- 1.5 **T&FG Assessment** – Growth projections have been slow to materialise since the LATC was created. Group Members were encouraged to note that some positive data was being recorded with around half of all new referrals coming in from outside the borough totalling 14% of income at the start of 2013/14. The Group accepted that each element of the service was being improved and supported the approach taken by YCB to rationalise core business activity before marketing services more widely. Efforts should now focus on delivering growth across the borough and beyond.
- 1.5.1 **T&FG Recommendation Two** – YCB should analyse the potential for business growth through in-home respite as an outreach service from Valley Way. Members suggested prioritising focus in this yet to be explored potential growth area in order to deliver before April 2014.
- 1.5.2 **YCB Officer Response to Recommendation Two** – In-home respite and an outreach service from Valley Way were introduced from May 2013. However, the take-up has not been as high or as regular as originally expected, approximately 4 – 5 separate occasions as people who have complex needs are often already in receipt of services during the day and there have been limited referrals for this service. Overall occupancy for Valley Way has improved from an average 72% in 2013/14 to a projected outturn for 2014/15 of 91%. There has been significant growth during 2014/15 with referrals from Barnet Council and other local authorities (OLAs) to Flower Lane and Rosa Morison day services, achieving 97% and 99% utilisation respectively to Q3. There are currently 25 people across three services that are funded by OLAs and Health equating to 10% of the budgeted income for 2014/15.
- 1.6 **T&FG Assessment** – The T&FG were pleased to learn that fundraising activity had generated additional income that was intended to be used to improve facilities. It was clear that additional work was required by YCB to maximise the use of revenue generated through fundraising events. As a commercial entity, the opportunity for YCB to pursue grant funding was currently limited. The T&FG believed that this warranted further examination.
- 1.6.1 **T&FG Recommendation Three** – YCB should explore potential benefits of establishing an overarching charitable arm or friends group to enable access to grants or other funding opportunities and maximise tax efficiencies.
- 1.6.2 **YCB Officer Response to Recommendation Three** – There are fundraising groups linked to each of the services (except Supported Living) that have been in place and operating successfully since before Your Choice was created. Three of these groups hold charitable status and currently carry out local fundraising activities and YCB provides support for them to access grant funding raising several thousand pounds each year. For this reason we have not felt it is appropriate to move to a single charitable model as the funds raised are specific for the schemes themselves. An example of this is of a £30k bid for a sensory garden that is due to be submitted to the National Lottery Fund on behalf of the Friends of Rosa Morison.
- 1.7 **T&FG Assessment** – One of the key failures of Chelsea Cares Ltd, Royal Borough of Kensington and Chelsea, was due to the lack of dialogue between

the local authority and the management team. The T&FG were satisfied that robust arrangements were in place between the Council and YCB Ltd. However, although two Councillors sit on the board of The Barnet Group Ltd., focus on the delivery and performance of services provided by YCB may be further enhanced through representation on its own board.

1.7.1 T&FG Recommendation Four – The Council should have additional representation on the YCB Board. Members of the T&FG considered that, although two Councillors sit on the board of parent company (The Barnet Group Ltd.), experienced and appropriately briefed Members could serve to strengthen communication and contribute towards the joint aims in achieving strategic objectives and performance targets.

1.7.2 YCB Officer Response to Recommendation Four – The Barnet Group has amended their governance arrangements following the T&FG review. Although legally the YCB Board only has one Council appointee (the Chair), the two Councillors who sit on The Barnet Group Board as full members also attend YCB Board meetings and contribute to YCB business. The Board is confident that this has improved the governance arrangements.

2. REASONS FOR RECOMMENDATIONS

2.1 This report is being brought to Adults and Safeguarding Committee to report back on the implementation of the T&FG's recommendations.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 A follow up report on implementing the T&FG's recommendations is required.

4. POST DECISION IMPLEMENTATION

4.1 Continued contract monitoring and performance reporting, focusing on ensuring necessary action is taken to improve performance, will take place.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 YCB is a Local Authority Trading Company and is part of the Barnet Group. Performance is monitored on a quarterly basis by Performance and Contract Management Committee, as well as by the Adults & Communities Delivery Unit, through regular contract monitoring and also via individual care planning and monitoring of client outcomes by operational staff.

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

5.2.1 YCB's annual income from services commissioned by Barnet Council is approximately £4.4m.

5.3 Legal and Constitutional References

5.3.1 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution – Section 15 Responsibility for Functions (Annex A). Specific responsibilities 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.

5.3.2 Adults and Safeguarding Committee is responsible for the following:

- 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.
- Ensuring that the local authority's safeguarding responsibilities is taken into account.

5.4 Risk Management

5.4.1 Failure to address issues of public concern may have a detrimental impact on the quality of services to customers, compromise safeguarding of vulnerable adults and result in reputational damage to the Council.

5.5 Equalities and Diversity

5.5.1 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

5.5.2 Adult Social Care works within the LBB 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.

5.5.3 The following is an extract from the Barnet Group's Equality Diversity Policy Statement:

"The Barnet Group is committed to ensuring Equality and Diversity are fundamental in how we provide services. One of our organisational values is *Responding to Individuals* and this is exactly how we will carry out our equality

and diversity work, by treating everyone as unique individuals and responding to their needs accordingly.

Equality and Diversity is central to delivering our business plan goals of:

- Support which enables our customers and service users to lead improved and where possible more independent lives
- Value for money services that our customers and service users want”

5.6 Consultation and Engagement

5.6.1 Not Applicable.

6. BACKGROUND PAPERS

- [Business Management Overview and Scrutiny Committee, 3 July 2013, agenda item 5](#) (Members Item: Your Choice Barnet)

The Committee resolved that a Task and Finish Group review of Your Choice Barnet be commissioned to take place to be completed by September 2013.


- [Safeguarding Overview and Scrutiny Committee 27 November 2013 \(agenda item 6\)](#).

Received the Your Choice Barnet Task & Finish Group – Final Report. The report was endorsed for onward referral to the next available meeting of Cabinet.

- [Cabinet 25 February 2014 \(agenda item 5\)](#): Reference from the Safeguarding Overview and Scrutiny Committee – Your Choice Barnet Task and Finish; and Decisions of the Cabinet 25 February 2014, published 27 February 2014.

Cabinet supported the recommendations of the Task and Finish Group.

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	<p>AGENDA ITEM 8</p> <p style="text-align: center;">Adult and Safeguarding Committee 19 March 2015</p>
<p style="text-align: center;">Title</p>	<p style="text-align: center;">Adults and Safeguarding Commissioning Plan 2015 – 2020</p>
<p style="text-align: center;">Report of</p>	<p>Commissioning Director – Adults and Health</p>
<p style="text-align: center;">Wards</p>	<p>All</p>
<p style="text-align: center;">Status</p>	<p>Public</p>
<p style="text-align: center;">Enclosures</p>	<p>Appendix A: Adult and Safeguarding Commissioning Plan 2015 - 2020 Appendix B: Financial profile Appendix C: Consultation findings report Appendix D: Residents' Perception Survey results</p>
<p style="text-align: center;">Officer Contact Details</p>	<p>Dawn Wakeling, Commissioning Director – Adults and Health, dawn.wakeling@barnet.gov.uk</p> <p>Zoë Garbett, Commissioning and Policy Advisor – Health and Wellbeing zoe.garbett@barnet.gov.uk</p>

<h2 style="margin: 0;">Summary</h2>
<p>This report presents the five-year Commissioning Plan from 2015/16 to 2019/20. In November 2014, the Adults and Safeguarding Committee approved its Commissioning Plan for consultation as part of the wider engagement with residents to inform the Council's medium term financial strategy. A programme of resident engagement has now been completed and a summary of the overall consultation feedback on the Council's strategic plan to 2020, as well as specific feedback on the Adults and Safeguarding commissioning intentions is included in Appendix C.</p> <p>The Adults and Safeguarding Commissioning Plan has been reviewed in the light of this engagement. The plan, containing updated performance measures and targets through which the Committee will monitor progress in achieving its commissioning intentions, is contained in Appendix A. It sets out the strategic priorities, commissioning intentions and budget of the Adults and Safeguarding Committee up to 2019/20 and has informed the Council's medium term financial strategy, which was considered by Full Council on 3 March 2015.</p>

Appendix B profiles each of the revenue saving proposed from 2015/16 to 2019/20 together with the capital requirements to deliver the plan during this period. The budget projections for 2016/17 to 2020 are indicative. These budgets will be formally agreed each year as part of Council budget setting, and therefore could be subject to change.

Following Policy and Resources Committee on the 2 December 2014, the 2015/16 Budget and Strategic Plan to 2020 public consultation ran until 17 February 2015. This report summarises the consultation feedback on the Adult and Safeguarding Commissioning Plan 2015 – 2020 and, where relevant, changes that have been made as a result of the consultation.

Recommendations

- 1. That the Adults and Safeguarding Committee approves the Commissioning Plan for the Committee as set out at Appendix A, taking rigorous consideration of the consultation responses set out in Appendix C and the equalities analysis.**

1. WHY THIS REPORT IS NEEDED

- 1.1 On 20 November 2014 the Adults and Safeguarding Committee approved its Commissioning Plan for consultation. Consultation on 'Meeting the challenge: Barnet's strategic plan and budget to 2020' including specific consultation on the priorities, approach and outcomes of the Adults and Safeguarding Committee Commissioning Plan, was held from 17 December 2014 to 11 February 2015.
- 1.2 This paper sets out the results of the consultation and provides the final Commissioning Plan for approval. It also provides performance targets where available and updated outcome measures.
- 1.3 **The Commissioning Plan**
 - 1.3.1 The Commissioning Plan sets out the priorities and commissioning intentions of the Adults and Safeguarding Committee from 2015/16 to 2019/20, together with proposed revenue budgets for each of the main service areas and the outcomes by which progress will be measured during this period.
 - 1.3.2 The plan has been developed at a time when the number of frail older people in the borough is growing, the complexity of social care need among working age adults and older people is increasing and the Council will have new statutory responsibilities for adult social care from the Care Act 2014. Against this backdrop, the Council needs to make savings in the cost of its services. The Adults and Safeguarding Committee was tasked by the Council's Policy and Resources Committee on 10 June with identifying £12.6m of savings for the period 2016/16- 2019/20.

1.3.3 Some of the proposals within the Commissioning Plan to address the challenges facing the range of services within this Committee area over the next five years include:

a) Alternative ways to deliver services, in partnership with other organisations and residents

- Integration of care and health services where this delivers the best outcomes.
- Develop a 0-25 disabilities service to bring together health, care and education and support the development of more effective relationships of trust with families.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Stronger integration with customer services and public health to help people better self-manage and plan to age well.

b) Implementing the Care Act 2014

- Re-modelling the approach to assessment and support planning to meet the increase in demand predicted to arise from the new cap on care costs.
- Improved advice and advocacy services with a greater availability of helpful information to support ageing well.
- Greater support to enable carers to continue in their caring role.

c) Going further with personalisation – developing more creative approaches to meeting care needs

- More creative and personalised support plans.
- Increased use of new support and enabling technologies.
- A shift from specialist segregated services to community settings.
- Support to remain at home for longer.

d) Focus on efficiency, effectiveness, and impact

- Challenge all services we commission, our own workforce and our partners to evidence the impact they have.
- Explore alternative delivery models for adult social care to maximise the Council's ability to achieve the above.

1.3.4 None of this is easy and will require the Council to work more closely than ever with the residents, the voluntary and community sector, NHS, Department for Work and Pensions, Public Health and housing.

1.4 Outcome measures

1.4.1 The plan also sets out a number of outcome measures through which the Committee will monitor progress towards achieving its commissioning intentions.

1.5 Consultation feedback

1.5.1 The Council conducted a borough wide programme of resident engagement and consultation from 17 December 2014 to 11 February 2015. The programme comprised a series of focussed workshops examining the

competing pressures facing each Committee and an on-line survey open to all residents. 149 residents attended workshops which covered Council wide services, including some of the services in the remit of the Committee, whilst 19 residents took part in the Adults and Safeguarding focussed workshop. 28 residents responded to the Strategic Plan to 2020 open consultation, with 19 of those residents completing questions in regard to the Adults and Safeguarding Committee. The Adults and Safeguarding Commissioning Plan was also reviewed, along with plans relating to other Committees, in a special workshop for service users of adult social care and children's services.

1.5.2 The majority of respondents (11 out of 17 or more) who answered the questions agreed with all the priorities set out in the Adults and Safeguarding Commissioning plan. As part of the workshop focused on the Adults and Safeguarding Committee, residents prioritised the following services:

- Support offered to carers
- Preventative work for people with learning disabilities
- Short term and residential care for people with mental health issues
- Support to community/voluntary groups for the elderly
- Direct payments for people with physical disabilities
- Leisure centre

1.5.3 Those services which attendees thought, within the context of the Council's reductions, had the most potential for savings were the more expensive services of;

- Supporting older people in their homes
- Residential care for older people

1.5.4 Residents still emphasised the importance of these services, but in the context of the financial challenges facing the Council, they were seen as more palatable options to reduce costs.

1.5.5 This is broadly similar to the services which were prioritised by the Citizen's Panel members (44 respondents);

- Support for carers
- Prevention services for people with learning disabilities
- Short term mental health support
- Residential care for people with mental health issues
- Direct payments for people with Physical disabilities
- Leisure centres

1.5.6 The services which, on balance, were seen as options for savings were;

- Homecare for older people
- Residential care for people with learning disabilities

- 1.5.7 There was an emphasis on prevention, with one resident stating that (in respect of short term mental health support): *“It’s much better in cost terms than rehabilitation. Short term they can improve and get better rather than, possibly, being institutionalised”*.
- 1.5.8 The preference of the residents who responded in the consultation survey and workshops was to make lower service reductions in the remit of the Adults and Safeguarding Committee than the Council has proposed.
- 1.5.9 The feedback from the resident workshop broadly supports the approach set out within the Commissioning Plan to prioritise services for the most vulnerable and to support a preventative approach. Financial constraints and required remodelling of services (moving to community based support, social care prevention) justify proceeding with recommendations; the financial profile (appendix B) provides further detail.
- 1.5.10 Whilst the overall programme of resident engagement is contained in this report, each significant proposal within the plan will require detailed consultation and engagement with residents and service users. These will be reported to the Adults and Safeguarding Committee as the Commissioning Plan is enacted.

1.6 Residents Perception Survey

- 1.6.1 The Residents’ Perception Survey is carried out by the Council every 6 months and captures residents’ general views and perceptions towards the Council and the services it provides. The most recent survey, Autumn 2014, was carried out between 23 September and 28 November 2014 and included 1,600 residents.
- 1.6.2 Whilst the top three areas of concern for residents were roads and pavements, a lack of affordable housing and crime, it should be noted that residents’ concern about care of the elderly and health have increased. Concern for *‘not enough being doing for elderly people’* (16 per cent), and *‘quality of health services’* (19 per cent), have previously been in line with London. However, Barnet residents are now significantly more concerned about these issues compared to London. Findings from the residents’ perception survey show, that compared to London, Barnet residents are significantly more likely to rate social services for adults as ‘good to excellent’ (by nine percentage points more than the London average). With regards to leisure services, although still lower than the London average, overall satisfaction by users has improved since Spring 2014.
- 1.6.3 Further details on findings from the Residents Perception Survey can be found in Appendix D.

1.7 Response to the feedback

- 1.7.1 It should be remembered that this consultation report relates to general consultation on the Council’s medium term commissioning priorities and the

overall shape of the Council's budget, the detail of which is agreed by full Council on an annual basis. The Council will consult with residents and service users on the detail of every specific proposal that may affect the service received by residents. This will happen before Committee takes the final decision on each specific service change. In the light of the responses received to this programme of consultation and engagement, it is not proposed to amend the commissioning intentions of the Adults and Safeguarding Committee.

- 1.7.2 It is proposed that as each proposal is brought forward, the concerns of residents raised within the workshop will be addressed.

2. REASONS FOR RECOMMENDATIONS

- 2.1 This report contains the Commissioning Plan of the Adults and Safeguarding Committee following public consultation and detailed work to update the performance targets for the outcome measures. It sets out how the Committee proposes to deliver revenue savings to deliver the target savings set by the Council's Policy and Resources Committee on 10 June 2014. It also sets out the capital requirements of the Committee. The Commissioning Plan and the proposals contained within the plan have been considered by full Council on 3 March 2015 as part of the setting of the Medium Term Financial Strategy (MTFS).
- 2.2 As feedback accords with the Commissioning Plan no changes are required.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 At its meeting on 10 June 2014, the Policy and Resources Committee noted the findings of the Priorities and Spending Review, a process undertaken by Council officers to review budgets and to identify potential opportunities to meet the Council's funding gap up to 2020. The Priorities and Spending Review was informed by public consultation, and officers engaged with all three main political parties over a period of 12 months. The report considered by Policy and Resources Committee on 10 June 2014 set out options for the theme Committees to consider in developing their responses to future budget challenges.
- 3.2 Over the summer, officers supported members of the Adults and Safeguarding Committee to consider the proposals outlined in the Priorities and Spending Review. In developing options for members to consider, officers considered proposals to deliver savings in each area of the Adults and Safeguarding Committee's remit. Proposals to further disinvest in social care support over and above the proposals in this plan were not put forward in order to maintain the Council's ability to meet its statutory duties in this area and provide services to keep the most vulnerable adults and older people safe. There have been no alternative options put forward by Adults and Safeguarding Committee as a result of this activity.

- 3.3 Within each area identified to deliver revenue savings, there will be a number of alternative ways to deliver the saving. As each of these proposals are brought forward for the Adults and Safeguarding Committee to consider, the alternative options and the reason for the preferred option will be detailed.

4. POST DECISION IMPLEMENTATION

- 4.1 To deliver the Commissioning Plan, a range of proposals are being or will be brought forward for detailed consideration by the Adults and Safeguarding Committee. For example, proposals that have already been approved by the Committee or that are in development include: the 0 – 25 disabilities service and a new model of social care support for people with mental health problems.

5. IMPLICATIONS OF DECISION

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

- 5.1.1 The Commissioning Plan sets out the revenue budget and capital requirements for the policy areas within the remit of the Adults and Safeguarding Committee. The budget projections within the Commissioning Plan contain indicative figures through to 2020. These budgets will be formally agreed each year as part of Council budget setting, and therefore could be subject to change.

5.2 Legal and Constitutional References

- 5.2.1 All proposals emerging from the business planning process will need to 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, 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. Many of the proposals are already subject to separate detailed project plans and reports to Committee. The detailed legal implications of these proposals are included in those reports.

- 5.2.2 In this 'Responsibility for Functions, Annex A' of the Council's Constitution, it is stated that the Adults and Safeguarding Committee has the power to approve 'any non-statutory plan or strategy within the remit of the Committee'.

- 5.2.3 This report clearly falls within the remit of the Adults and Safeguarding Committee which is outlined in this section – specifically, the Committee is responsible for 'Promoting the best possible Adult Social Care Services', which this strategy contributes towards.

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

council's internal officer Delivery Board and to the relevant Committees and is reflected, as appropriate, throughout the annual business planning process.

5.3.2 Risks associated with each individual saving proposal will be outlined within the individual Committee report as each proposal is brought forward for the Committee to consider.

5.4 Equalities and Diversity

5.4.1 The 2010 Equality Act outlines the protected characteristics as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. 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 who share a relevant protected characteristic and persons who do not share it
- foster good relations between people who share a relevant protected characteristic and persons who do not share it

5.4.2 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.

5.4.3 In particular, at its meeting on 10 June 2014, the Policy and Resources Committee advised the Theme Committees that they should be mindful of disadvantaged communities when making their recommendations on savings proposals. The proposals and priorities within the Commissioning Plan have been developed to minimise the impact on the most vulnerable groups of adults, through targeted use of resources on effective early intervention and prevention services for vulnerable adults and their carers and maximising the use of alternative mainstream opportunities whilst continuing to provide specialist input where required.

5.4.4 The priorities set out in the commissioning plan aim to ensure that financial constraints do not hinder the delivery of equal opportunities and fair outcomes for all, especially those who have an identifiable need. The Committee will consider the impact that any proposed changes will have on different groups in the community, evaluating the equalities impact of individual and cumulative change. Following this phase of consultation, no specific additional positive or negative impact was identified. This will be reviewed as individual proposals are brought forward, as set out below.

5.4.5 As individual proposals are brought forward for consideration by the Adults and Safeguarding Committee, each will be accompanied by an assessment of the

equalities considerations, setting out any potential impact of the proposal and mitigating action. Equality impact assessments have been carried out where specific proposals have gone to Committee.

- 5.4.6 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.
- 5.4.7 As part of the consultation, residents from the Citizen's Panel, a group of 2000 residents who are statistically representative of the population of Barnet, were targeted to ensure consultation responses reflected Barnet's demographics. A further quota was set to ensure, as much as possible, a cross section of the population attended the workshops from the panel. Moreover, a workshop was arranged for people with learning disabilities, to ensure those who use targeted services got the opportunity to feed into the consultation.
- 5.4.8 As the response rate was low, with only 28 respondents to the Strategic Plan to 2020 consultation, it is not possible to determine whether certain protected groups supported certain proposals more than other protected groups. The characteristics of the 19 respondents to the Adults and Safeguarding Committee questions cannot be broken down from the 28, making analysis of these respondents by protected characteristics impossible.
- 5.4.9 The Adult's and Safeguarding Committee's remit includes considering the impact of changes on key groups who are protected by equalities legislation including those who use Adult Social Care Services; mainly older people, people with disabilities and carers (who can face discrimination by association). Therefore changes (both positive and negative) could have a larger impact on older people, disabled people and carers than the general population.
- 5.4.10 The Committee will also consider the fairness of their decisions; in particular the effect on any disadvantaged communities including those above and others with a low income because Adult Social Care service users are more likely to have a lower income than the Barnet population.

5.5 Consultation and Engagement

- 5.5.1 Public consultation on the Strategic Plan up to 2020, including the Adults and Safeguarding Committee, ran from 17 December 2014 to 11 February 2015.
- 5.5.2 Consultation findings have been summarised in section 1.5 with more detailed findings in Appendix C.
- 5.5.3 Public consultation will take place on individual proposals to deliver the savings identified before final decisions are taken by the Committee and savings plans are formalised in the Council's annual budget. Future consultation and engagement will be informed by the consultation work that has already been carried out as part of the Priorities and Spending Review process during which a comprehensive series of resident engagement

activities took place in order to understand their priorities for the local area and look at how residents and organisations can support services going forward.

6. BACKGROUND PAPERS

- 6.1 Adults and Safeguarding Committee, 2 July 2014. Item 5 - Business Planning
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7929&Ver=4>
- 6.2 Adults and Safeguarding Committee, 31 July 2014. Item 7 – Business Planning
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7930%20&Ver=4>
- 6.3 Adults and Safeguarding Committee, 2 October 2014. Item 7 – Business Planning.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7931&Ver=4>
- 6.4 Adults and Safeguarding Committee, 20 November 2014, Item 7 – Business Planning.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8098&Ver=4>
- 6.5 Policy and Resources Committee, 2 December 2014, Item 7 – Business Planning 2015/16 – 19/20.
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=7863&Ver=4>

Adults & Safeguarding Committee - Commissioning Plan 2015 - 2020

1. The context for the development of this plan.

Public services in England during the decade 2010-2020 face an unprecedented challenge as the country deals with the impact of the financial crisis of 2008, alongside the opportunities and challenges that come from our changing and ageing population.

Despite a growing economy, the UK budget deficit at the 2015 General Election, with cuts set to continue to the end of the decade no matter who is in Government. At the same time, demand on local services continues to increase, driven by a growing population, particularly the number of young and older residents. We therefore must plan for the fact that austerity will affect all parts of the public sector to the end of the decade and that we will not be able to meet increasing levels of demand by simply doing more of what we are currently doing.

The public too, does not expect simply more of the same. Expectations of local services are increasing, advances in customer services and technology provide the ability to interact with services 24/7. Local residents as a result expect better services and more prompt responses from the Council. However satisfaction with the Council and local services remains relatively high in Barnet, and over recent years resident satisfaction with a number of local services has increased, despite these challenges.

In thinking about how the Council lives within its means, the Council needs to recognise that residents are also facing wider financial pressures, from high energy bills, increasing housing costs, continued wage restraint, and benefit reforms, so the ability of many households to absorb the impact of reductions from public sector funding through increased financial contributions is constrained.

We can however expect over the duration of this plan that significant opportunities will flow from Barnet being part of a growing and arguably booming London economy. Unemployment levels have fallen by a third in the last year, the number of 16-18 year old 'NEETs' in Barnet is, at 2.3%, the fourth lowest in England and fewer Barnet residents are claiming out-of-work benefits than the London average. This plan needs to ensure that all residents of Barnet can benefit from the opportunities of growth, whether through new employment opportunities, increased investment in infrastructure such as roads and schools, or enjoying new neighbourhoods and places in which all people can live and age well.

Barnet Council's Overarching Approach to meeting the 2020 Challenge

The Council's Corporate Plan sets the framework for each of the Commissioning Committees' five year commissioning plans. Whether the plans are covering services for vulnerable residents or about universal services such as the environment and waste, there are a number of core and shared principles which underpin the commissioning outcomes.

The first is a focus on fairness.

Fairness for the Council is about striking the right balance between fairness towards the more frequent users of services and fairness to the wider taxpayer and making sure all residents from our diverse communities - young, old, disabled, and unemployed - benefit from the opportunities of growth.

The Council must 'get the basics right' so people can get on with their lives – disposing of waste, keeping streets clean, allowing people to transact in more convenient ways, resolving issues promptly in the most cost effective way.

We must shift our approach to earlier intervention and demand management. Managing the rising demand on services requires a step change in the Council's approach to early intervention and prevention. Across the public sector, we need to work with residents to prevent problems rather than treating the symptoms when they materialise.

The second is a focus on responsibility.

Continue to drive out efficiencies to deliver more with less. The Council will drive out efficiencies through a continued focus on workforce productivity; bearing down on contract and procurement costs and using assets more effectively. All parts of the system need to play their part in helping to achieve better outcomes with reduced resources.

Change its relationships with residents, with residents working with the Council to reduce the impact of funding cuts to services. In certain circumstances, residents will also need to take on more personal and community responsibility for keeping Barnet a great place particularly if there is not a legal requirement for the Council to provide services. In some cases users will be required to pay more for certain services as the Council prioritises the resources it has available.

The third is a focus on opportunity.

Prioritise regeneration, growth and maximising income – Regeneration revitalises communities and provides residents and businesses with places to live and work. Growing the local tax base and generating more income through growth and other sources makes the Council less reliant on government funding; helps offset the

impact of service cuts and allows the Council to invest in the future infrastructure of the Borough.

Redesign services and deliver them differently through a range of models and providers - The Council has no pre-determined view about how services should be designed and delivered. The Council will work with providers from across the public, private and voluntary sectors to provide services which are more integrated, through a range of models most appropriate to the service and the outcomes that we want to achieve.

Planning ahead is crucial - The Council dealt with the first wave of austerity by planning ahead and focusing on the longer-term, thus avoiding short-term cuts - the Council is continuing this approach by extending its plans to 2020.

Adults and Safeguarding Committee Commissioning Plan

Adults and Safeguarding Committee agreed the priorities and key outcomes which will inform the 5 year Commissioning Plan at the Committee meeting on 30 July 2014. This Commissioning Plan outlines how the London Borough of Barnet will manage the key changes required by the Care Act 2014, health and social care integration at a time of rising demand, increased expectations and shrinking resources. In order to allow for the Council to live within its means, the Adults and Safeguarding Committee has been required to identify £12.6m of savings through to 2020.

In addition, during the period of this plan, the Care Act 2014 will be implemented. The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support together with a Central Government commitment to make joined-up health and care the norm by 2018. For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care as well as giving carers new rights to support that put them on the same footing as the people they care for. These two significant and welcomed changes will lead to an increased demand for adult social care support over and above the increased levels of demand from demographic pressures referred to above. At the time of setting this plan, the Council has estimated that the costs of implementing the Care Act 2014 during the duration of this plan could amount to an additional £7.8m recurring commitment by 2020.

The key priorities and outcomes reflect the corporate ambition to ensure that the London Borough of Barnet focuses its resources on those most in need whilst supporting people to help themselves as much as possible. In addition the priorities and outcomes are in keeping with those of local and national policy, legislation and feedback from service users and carers.

The Committee's vision is that all adults will be given the opportunity to live well, age well and stay well. This means that all adults will feel safe and be safe in their environment. Financial constraints should not hinder the delivery of good outcomes for all but to achieve this Barnet's community will need to continue to play an important part, creating responsive and responsible neighbourhoods and communities in which vulnerable adults can live well and with personal autonomy, meeting principles of fairness through a targeting of resources on those that need it most. In order to support our growing and ageing population we will need a stronger focus on prevention and early intervention with a reshaped specialist care offer for those that need it. The commissioning intentions described below support this vision.

In summary we need to redesign the current offer and find new ways to reduce the demand for adult social care through enabling people to live healthier, full and active lives and to take responsibility for their future as they plan to age well. For those that need care and support, we need to find ways to improve the quality of services whilst reducing overarching care packages costs through more creative and personalised support plans, improved carer support, use of new technologies and integrating care and health services where this delivers the best outcomes. As the Borough grows, the new communities created need to be inclusive for adults with disabilities and support residents to age well in Barnet.

Proposals within the Commissioning Plan to address the challenges, reshape services and deliver the savings for services within this committee area over the next five years include:

Alternative ways to deliver services, in partnership with other organisations and residents

- Integrating care and health services where this delivers the best outcomes.
- Introduce a 0-25 disabilities service to better bring together health, care and education and support the development of more effective relationships of trust with families.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Stronger integration with customer services and public health to help people better self-manage and plan to age well.

Implementing the Care Act 2014

- Re-modelling our approach to assessment and support planning to meet the increase in demand predicted to arise from the new cap on care costs.
- Improved advice and advocacy services with a greater availability of helpful information to support ageing well.
- Greater support to enable carers to continue in their caring role.

Going further with personalisation – developing more creative approaches to meeting care needs

- More creative and personalised support plans.
- Increased use of new support and enabling technologies.
- A shift from specialist segregated services to community settings.
- Support to remain at home for longer.

Focus on efficiency, effectiveness, and impact

- Challenge all services we commission, our own workforce and our partners to evidence the impact they have.
- Explore alternative delivery models for adult social care to maximise the Council's chance of achieving the above.

None of this is easy and will require the Council to work more closely than ever with the residents, the voluntary and community sector, NHS, Department for Work and Pensions, Public Health and housing. The overarching priorities and key outcomes for the Adults and Safeguarding Committee commissioning plan which were agreed on the 30 July 2014 are as follows.

Barnet's Adult Social Care Outcomes 2015-2020

Underpinning this Commissioning Plan are six outcomes that shape the commissioning intentions contained within this plan. These have been developed based on consultation undertaken as part of the Priorities and Spending Review Process, review of best practice as well as linking to the Council's overarching strategic priorities and principles. The Council cannot achieve these outcomes alone, but they represent the ambition that we have for the residents of the Borough who require social care services or who use the Council's leisure provision. Within the resources available to the Committee up to 2020, achieving the following outcomes will steer the strategic decision making in relation to service delivery and investment.

Priority	Key Outcomes
Planning for Life	<p>Working age adults and older people live a healthy, full and active life and their contribution to society is valued and respected.</p> <p>Working age adults and older people live in homes that meet their needs and are well connected socially.</p> <p>Older people have sufficient finances to meet the full range of their needs and are able to access advice to make sure they spend wisely.</p>
Early Intervention and Prevention	<p>Older people have timely access to diagnosis and are provided with the tools which enable them to manage their condition and continue to live a full life.</p> <p>Working age adults and older people know what is available to increase and maintain their well-being and independence and can obtain it when they need to.</p> <p>Working age adults and older people are well-connected to their communities and engage in activities that they are interested in, and which keep them well</p>
Person centred Integrated support	<p>Working age adults and older people are able to access help when needed for as long as they need it.</p> <p>Working age adults and older people are supported to get back on their feet when they have a crisis and to identify ways of preventing further crises.</p> <p>Person centred support plans inform the delivery of support in the most appropriate place (usually someone's home or community) that best meets people's needs in the most cost-effective way possible.</p> <p>Working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.</p> <p>Working age adults and older people who have health or social care needs can still expect to live an independent life and have relationships based on reciprocity.</p>

<p>Safeguarding</p>	<p>Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk.</p> <p>Where people acquire vulnerabilities as they age, every effort is made to enable older people to remain in familiar surroundings, being cared for safely by people who know and love them.</p>
<p>Carers</p>	<p>Carers are supported to continue caring for as long as they wish.</p> <p>Carers are valued as expert partners in supporting working age adults and older people to live independent lives.</p> <p>Families provide support to other families, sharing their experience of using certain services and what they have learnt from the process.</p> <p>Carers are supported to achieve their ambitions whilst continuing to care.</p>
<p>Leisure Services</p>	<p>Health and wellbeing outcomes are achieved in a manner that is sustainable.</p>

About this Plan

This commissioning plan has been developed in sections for the following service components that make up the Adults and Safeguarding Committee's remit:

- Social Care Services for Adults with a Learning Disability
- Social Care Services for Adults of Working Age with Mental Health Needs
- Social Care Services for Adults with a physical disability / sensory impairment
- Social Care Services - Information, Advice and Prevention Services
- Social Care Services for Older People
- Social Care Services for Carers
- Leisure Services (sports centres) provided by the Council
- Cross-cutting commissioning intentions.

For each service component, the strategic direction is set out together with the commissioning intentions, proposed revenue budget up to 2020 and the outcomes to be achieved.

1. Service component: Adults with Learning Disabilities

Over recent years significant progress has been made in improving social care services for adults with learning disabilities. This has been through **moving away from specialist segregated services** which often overly restricted their lives to community based opportunities, building on friendships and relationships, utilising the flexibilities provided by personalisation, a wider range of housing options. However, the Council is ambitious to do more to further improve outcomes and reduce cost for this cohort.

The **introduction of a 0-25 disabilities** service that better brings together health, care and education should support the development of more effective support for families and disabled children, improve the way in which agencies work together in partnership with families and help young people to achieve more. Our ambition is **every young person with a disability will have the opportunity to live in their own home as a part of their family and local community** and not in registered care homes often out of the Borough.

Services will also recognise that adults with learning disabilities deserve to have the same rights and opportunities as everyone else to live a full life, realising their ambitions whether that be to contribute economically to society, have fulfilling relationships or to remain close to families and friends, receiving specialist support as and when they need it. As such, through every contact with services, the Council will seek to maximise the opportunities that people with learning disabilities have, using a wide range of resources and different approaches which include increasing the use of social networks and ordinary mainstream activities. Where possible **specialist segregated services will be minimised** and instead, learning from the lessons of Winterbourne View, people will receive the specialist support they require in a community setting where both they and those that support them can develop the skills they need in a respectful and dignified way that values the individual.

In addition, the Council needs to ensure a more creative and cost effective review and support planning process which **promotes an ordinary life and can take advantage of housing, technology, employment and other support options**.

For residents this will mean:

- Better planning and support to support children and young people with disabilities to achieve their personal potential for independence in adulthood. There will be a reduction in use of specialist residential placements in adolescence and transitions.
- Greater involvement in the planning of care services and use of direct payments to fund care and support.
- A smoother journey through childhood, adolescence and early adulthood.
- Some individuals in residential care will be supported to transition to supported living where appropriate.

- More travel training to support people to travel more independently

For suppliers this will mean:

- A continued shift from out-of-Borough provision to Barnet provision.
- A shift in demand and spend from expensive specialist registered provision to community based services.
- Increased demand for enabling technologies to replace face to face care where appropriate.
- Refocussing of day care to employment support.
- Integrated specialist support for people with complex disabilities is delivered locally as part of a community based offer.

1a Commissioning intentions:

	Commissioning intention	What needs to happen?
1	Implement a 0-25 disabilities service that better brings together health, care and education to enable young people with disabilities to fulfil their potential to be an active citizen and improves relationships between families and the local authority.	<ul style="list-style-type: none"> - Model for 0-25 service presented to committee in spring 2015. - Mobilisation of the new model by autumn 2015. - Development of shared decision making and funding arrangements by March 2016. <p>Some rebalancing of cost from expensive specialist provision to preventative and enabling services commencing from 16/17.</p>
2	Increase the supply and take-up of supported living and independent housing opportunities supporting more people to live in a home of their own with support and not in residential care.	<ul style="list-style-type: none"> - Work with private landlords and other organisations to increase the supply of housing options during 15/16 and beyond. - Utilise the housing revenue account to develop new supported living accommodation options. - Work effectively with individuals and their families to enable moves out of residential care where appropriate.
3	Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with learning disabilities to live more independently.	<ul style="list-style-type: none"> - Review of the section 75 agreement for health and social care learning disabilities services - Continued exploration of alternative support planning processes including the Centre for Independent Living in 15/16. - Implementation of Care Act 2014 and new IT to include training on community resources and family networks. - Increase range of technology on offer and support offered to take this up as part of the assessment and support planning

	Commissioning intention	What needs to happen?
		process by March 2016.
4	Improve the carer's offer and support planning process to ensure carers feel able to continue to support an individual for as long as they can. This should enable a reduction in the number of carer breakdowns and improved family satisfaction from sustaining the family environment.	<ul style="list-style-type: none"> - A strengthened carer focused approach to be implemented as part of the Care Act 2014 implementation programme by April 2015.
5	Stimulate the market to encourage providers who can effectively focus on enablement and personal development.	<ul style="list-style-type: none"> - Enhance commissioning strategies and ensure procurement exercises incentivise enablement and personal development - Engage with the market to stimulate best practice and enabling the identification of outcomes to be delivered in 15/16. - Implement a toolkit with providers to use to evidence outcomes by March 2016.
6	Develop the employment support offer for adults with learning disabilities and ensure there are sufficient employment opportunities available in the Borough. Raise employment aspirations as a key component of the review and support planning process and increase the proportion of adults with learning disabilities in employment.	<ul style="list-style-type: none"> - Identify the potential to increase the proportion of adults with learning disabilities in employment - Develop a strategic partnership between social care, public health and Job Centre Plus to increase the number of people with learning disabilities in employment. - Develop work placements / trials in the Council and across the strategic partnership in Barnet to enable the development of individual work portfolios and employment opportunities. - Council contracts to include the requirement to increase the number of disabled people in paid employment.

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support
- Safeguarding
- Carers

1b Outcome measures

Measure	Baseline – 13/14	Target - 15/16	Target – 19/20
Proportion of adults with learning disabilities in paid employment	9.4%	10.6%	Top 10% in the country
Proportion of adults with learning disabilities who live in stable accommodation	58.1%	60%	England Average

1c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16		19/20
General fund budget	£34.35m	£31.20m		£31.77m
		<i>Taking account of:</i>		<i>Taking account of:</i>
Savings		(£3.46m)		(£4.37m)
Inflation		-		£1.85m
Demographic growth		£0.31m		£3.09m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

2. Service component: Working Age Adults with Mental Health Needs

Adults with a severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of unemployment, social isolation, poorer physical health and insecure housing arrangements, all of which create demand on other elements of the state for support.

Across London and in Barnet adult mental health services across the NHS and social care are under considerable pressure. As the number of acute in-patient beds decreases, the pressure on social care budgets for adult mental health services now represents the fastest area of demand-led spend.

With social care services integrated into secondary care mental health services, specialist assistance and advice is not always readily available in the community for low level issues. This risks assistance only being provided following a crisis situation. There are opportunities to **redefine the role of mental health social workers** to focus on more protective factors such as having a job and a secure home, being socially connected and to provide independent challenge and review of support proposals for people with mental health needs.

In Barnet, there are instances where individuals are being placed in residential settings because of a lack of local supply of alternatives. There is the need for the **development of a wide range of accommodation options**, including home ownership schemes, with a varying spectrum of support to meet the differing needs of the adult mental health population. The quality and availability of community mental health support will drive demand for restrictive and traditional placements where quality is poor or where support is not provided in a timely and accessible manner.

For residents this will mean:

- Improved whole system response when mental health issues arise that supports recovery, social inclusion and enablement.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Greater involvement in the planning of social care services and use of direct payments to fund care and support.

For suppliers this will mean:

- A new specification for mental health social work focused on employment, housing, earlier intervention and enablement.
- A shift in demand and spend from expensive specialist registered provision to community based services.
- Increased demand for community based services including early intervention and prevention.
- Greater integration of housing with social care.

2a Commissioning intentions:

	Commissioning intention	What needs to happen?
1	<p>The re-focusing of social care on recovery, social inclusion and enablement. This will require a redefining of the integrated services model with the mental health trust to enable both parties to focus on core competencies and develop effective partnership practice.</p> <p>A smaller number of social workers would be based within the Mental Health Trust to support effective crisis resolution and effective management of people subject to community treatment orders and section 117.</p>	<ul style="list-style-type: none"> - Development of new model for the mental health social work role to provide a move away from delivery of the approved mental health professional (AMPH) role and care co-ordination only to one which focuses on promoting recovery and social inclusion with individuals and families by summer 2015.
2	<p>Review delivery models to ensure that the social work service for working age people with mental health issues can best focus on the quality of services and strengthen the voice of both workers and service users. We will have a model for social work which is commissioned to promote recovery, maximise inclusion and reduce long term care costs. This will require working co-productively and innovatively with local communities, primary care and housing providers to support community capacity, personal and family resilience, earlier intervention and active citizenship.</p>	<ul style="list-style-type: none"> - Delivery model options appraisal completed by autumn 2015. - Develop a 'community budgets' based approach to ensure that mental health services are effectively incentivised to reduce the overall public sector burden of mental illness within Barnet, particularly to address issues of long term unemployment by 2016.
3	<p>Introduce a 'Consultant Social Worker' role to work with acute mental health services and children's social care. The role will provide independent review and challenge to support plans and proposed changes to ensure all appropriate support opportunities are explored and provided in situations characterised by high</p>	<ul style="list-style-type: none"> - Development of 'Consultant Social Worker' role by summer 2015.

	Commissioning intention	What needs to happen?
	levels of social, family and interpersonal complexity, risk and ambiguity.	
4	Align social work delivery model with community development, whole family approaches and wider wellbeing, particularly focusing on tackling social exclusion and worklessness.	<ul style="list-style-type: none"> - Working closely with other public sector agencies such as Job Centre Plus, develop a clear pathway to support people with mental health problems back into work. - Explore opportunities for the social work delivery model to be jointly commissioned by Job Centre Plus to ensure people are work ready and supported back into work. - Council contracts to include the requirement to increase the number of disabled people in paid employment.
5	Increase the range of sustainable accommodation options for people with mental health problems in conjunction with the NHS. There is a compelling evidence base that where we live has a significant impact on our mental health. For the NHS, inadequate access to housing increases costs and demand for acute services. Supported housing for people with a mental illness could benefit the NHS year in and year out to a suggested annualised return of investment of 7% when compared to inpatient care or residential provision.	<ul style="list-style-type: none"> - Needs assessment and supply analysis of housing options and housing support completed as part of the work on Housing Strategy. - Development of commissioning approach.
6	Promoting mental well-being and reducing stigma through establishing joint commissioning of social care with public mental health provision.	<ul style="list-style-type: none"> - Including mental health within the preventative agenda as an equal to physical health, and targeting support at those with known risk factors, will create reduced demand and allow earlier intervention.

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support
- Safeguarding
- Carers

2b Outcome measures

Measure	Baseline – 13/14	Target - 15/16	Target - 19/20
Proportion of adults with mental health needs in paid employment	5.7%	7%	Top 25% of comparable boroughs
Proportion of adults with mental health needs who live in stable accommodation	70.90%	75%	Top 25% of comparable boroughs

2c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16		19/20
General fund budget	£7.98m	£6.89m		£7.31m
		<i>Taking account of:</i>		<i>Taking account of:</i>
Savings		(£1.14m)		(£0.51m)
Inflation		-		£0.41m
Demographic growth		£0.05m		£0.51m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

3. Service component: Disabled working age adults with physical disabilities or sensory impairments

Significant progress has been made in supporting disabled working age adults with physical disabilities, sensory impairments and long-term conditions through developments in healthcare, enablement, personalisation – in particular direct payments, and more opportunities for disabled people to carry on working. All of these initiatives have improved the quality of life for disabled working age adults and contributed to them being, and feeling, in control. We need to build on this foundation, working closely with people to design how people access the kind of help they want.

The **introduction of a 0-25 disabilities service** that better brings together health, care and education should support the development of more effective relationships of trust with families, improve the way in which agencies work together in partnership with families and help young people to achieve more.

In addition, health and social care integration, **increasing use of technology, promotion of accessible housing**, whether through DFGs or lifetime homes, ensuring that people have access to skills development such as self-management and support to help **people get back on their feet through enablement** will all contribute to ensuring that an increasing number of people stay as independent as possible. As a result we will see more disabled adults living fuller lives as an active and valued member of their local communities.

For the cohort of individuals already receiving services, the Council needs to ensure a **more creative and cost effective review and support planning process** that not only builds upon peoples' abilities and choices but also can take advantage of housing, technology, employment and other support options.

For residents this will mean:

- Better planning and support to support the growth and development of children and young people with disabilities which also results in a reduced need for social care services.
- Greater involvement in the planning of care services.
- A smoother journey through childhood, adolescence and early adulthood.
- Better support to live independent lives.

For suppliers this will mean:

- A shift in demand and spend from expensive specialist provision to community based services. There will always be a demand for high quality specialist services.
- Increased demand for enabling technologies.
- Refocussing of day care

3a Commissioning intentions:

	Commissioning intention	What needs to happen
1	Implement a 0-25 disabilities service that better brings together health, care and education to enable young people with disabilities to fulfil their potential to be an active citizen and improve relationships between families and the local authority	<ul style="list-style-type: none"> - Model for 0-25 service presented to committee in spring 2015. - Mobilisation of the new model by autumn 2015. - Development of shared decision making and funding arrangements by March 2016. - Some rebalancing of cost from expensive specialist provision to preventative and enabling services commencing from 16/17.
2	Increase the supply and take-up of supported living and independent housing opportunities supporting transitions from those currently in residential settings. This should lead to improved outcomes for adults supported to live more independent lives.	<ul style="list-style-type: none"> - Work with private landlords and other organisations to increase the supply of housing options during 15/16 and beyond. - Utilise the housing revenue account to develop new supported living accommodation options. - Work effectively with individuals and their families to enable moves out of residential care where appropriate.
3	Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with disabilities to live more independently.	<ul style="list-style-type: none"> - Continued exploration of alternative support planning processes including the Centre for Independent Living in 15/16. - Implementation of Care Act 2014 and new IT to include training on community resources and family networks. - Increase range of technology on offer and support offered to take this up as part of the assessment and support planning process by March 2016.
4	Commission an integrated health and social care service for those with long term conditions.	<ul style="list-style-type: none"> - Finalise and agree the health and social care integration business case. - Agree funding arrangements with NHS. - Section 75 agreement in place by April 2016.
5	Commission high quality flexible specialist home support services including personal assistants (PAs).	<ul style="list-style-type: none"> - Develop homecare strategy to inform the tender of homecare services. - Develop the PA strategy to increase the number of PAs in Barnet

Appendix A

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support
- Safeguarding
- Carers

3b Outcome measures

Measure	Baseline – 13/14	Target - 15/16	Target - 19/20
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64	13.5	13.5	Top 10% in the country
Proportion of people with a Direct Payment	Not available (changed definition)	41%	Top 10% in the country

3c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16	19/20
General fund budget	£6.64m	£6.00m	£5.90m
		<i>Taking account of:</i>	<i>Taking account of:</i>
Savings		(£0.70m)	(£1.10m)
Inflation		-	£0.36m
Demographic growth		£0.06m	£0.63m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

4. Service component: Older People: Feeling Well, Enjoying Life

Barnet will experience one of the largest increases in elderly residents out of all London Boroughs over the next five to ten years. This is because the life expectancy of our residents is growing due to the general good health of our population. There are currently 52,000 people in Barnet over the age of 65, and this will increase to 59,800 by 2020.

More than half of our residents aged 65 and over will not acquire a limiting long-term illness and Barnet Council wants to increase this proportion by encouraging people to stay healthy, well and independent, living life to the full. Our older people are a significant resource – nationally **58% of people aged 65 and over are volunteers**, and local surveys have indicated that the proportion may be higher in Barnet. In addition, Barnet Council wants those older people who do suffer from a long-term illness to take advantage of the full range of opportunities on offer so that they too maximize their independence and well-being.

Not only does this approach benefit older residents, but it also means that there will be less call on our health and social care services as many of the health conditions experienced in old age are preventable. For example, obesity increases the risk of Type 2 diabetes twenty-fold and doubles or triples the risk of other chronic conditions including high blood, pressure, heart disease, and colon cancer. Smoking accounts for nearly one-fifth of all deaths from cardiovascular disease. Men who smoke increase their risk of dying from lung cancer by 22 times, and women by nearly 12 times. Studies have shown that activities such as ballroom dancing can reduce or delay dementia, and that the reduction of social isolation can reduce visits to the GP from 13 visits a year to 5 or 6 times a year.

The commissioning outcomes in this service component therefore focus on **keeping older people healthy and well for longer**, and in supporting those people who have been unfortunate enough to need a little bit of help to access that support in a timely fashion but in a way that means that older residents are still firmly in control of their own lives.

The commissioning intentions focus on enabling older residents, and their families, to be able to find out about what is available in the Borough whether looking for advice about making homes easier to live in, interesting activities to do or opportunities to continue working or volunteering. Not all of the opportunities that older residents will want to engage in will be run by or even commissioned by the Council. **Many services will be run by older people themselves**. Barnet Council also recognises that older people will often prefer to receive a little bit of help from a friendly neighbour who they can help in return rather than through a commissioned service. The role of Barnet Council will be primarily in removing barriers from communities supporting each other, and in ensuring that with health colleagues, there is a **robust prevention offer** which delays, reduces or avoids the need for care and support through targeted health promotion services, such as self-

management, a wide range of assistive technology and equipment and a full range of easily available information and advice services.

For residents this will mean:

- Improved advice and advocacy services with a greater availability of helpful information to support ageing well.
- An increased use of new technologies to support independence and safety.
- New opportunities to develop local communities and continue to contribute positively to society.

For suppliers this will mean:

- New specifications for services.
- An increase in demand for assistive technology, equipment, adaptations.

4a Commissioning intentions:

	Commissioning intention	What needs to happen
1	To develop improved information, advice and planning services	<ul style="list-style-type: none"> - New information, advice and advocacy services to be commissioned by April 2015 - Online information (Social Care Connect) to be reviewed and improved by April 2015 - Database of all voluntary and community organisations to be developed by September 2015
2	To promote digital inclusion, assistive technology, equipment, adaptations	<ul style="list-style-type: none"> - Enhanced telecare and adaptation service to be offered from April 2016
3	To increase social networks and community connections	<ul style="list-style-type: none"> - Establish Dementia Friendly Communities - Continue with neighbourhood services and later life planners - Expand health and social care integration model to include developing social networks.
4	To commission and influence the development of opportunities for older people to continue working or offer mentoring	<ul style="list-style-type: none"> - Continue to promote Trading Times - Promote mentoring as part of the volunteering offer
5	To develop a joined up social care prevention offer in line with the Care Act 2014 which is easy to recognise and use	<ul style="list-style-type: none"> - Manage Tier 1 of the HSCI model utilising Public Health funding to support and develop self-care - With identified Public Health funds, design and commission/deliver programmes as part of Tier 2 of the HSCI model. Projects to be implemented by summer 2015.

	Commissioning intention	What needs to happen
6	To commission the best delivery vehicle possible to support older people who need a little bit of help	- Review the current offer in the light of HSCI and the Care Act 2014 and develop an option to improve delivery and increase independence and well-being

These commissioning intentions will contribute to the following outcomes:

- Early Intervention and Prevention
- Person centred Integrated support
- Carers

4b Outcome measures

Measure	Baseline – 13/14	Target – 15/16	Target - 19/20
Number of older people who take up leisure services – participation of over 45s	18.4% (October 2014)	20.4%	Increase
Social isolation: Proportion of people who use services, who reported that they had as much social contact as they would like.	41.1%	Top 25% of comparable boroughs	Top 25% in England.
Number of new telecare packages installed	216	430	800 (47% of all support packages)
Percentage of service users receiving on-going services with telecare	13%	17%	47%

4c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16	19/20
General fund budget	£1.08m	£1.08m	£1.09m
		<i>Taking account of:</i>	<i>Taking account of:</i>
Savings		(£0.00m)	(£0.04m)
Inflation		-	£0.05m
Demographic growth		-	-

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

5. Service component: Older People Social Care Services

Barnet's Health and Wellbeing Strategy sets out the Borough's ambition to make Barnet 'a place in which all people can age well'. With the increasing numbers of older people, and the expectations about the kind of care and support available, the challenge is to make this a reality in the context of rising health and social care needs among older people, and the financial pressures facing both the Council and the NHS. The challenge for both agencies is significant - approximately 45% of the adult social care budget and 70% of the health budget is spent on frail older residents with complex needs.

In order to deliver the quality of care and support that our older residents deserve, **Barnet Council will tackle the reasons why older people need social care – poor health and mobility, unsuitable housing, loneliness and carer breakdown.** The limited resources that the Council has will focus on support for the most vulnerable older people that cannot be provided by any other means.

At present, there is estimated to be 23,355 people aged 65 or over in Barnet with a limiting, long term illness – approximately 45% of people aged 65 and over. This particular cohort is expected to increase by more than 20% over the next ten years and in addition this cohort overlaps with an estimated 17,922 over 65s unable to manage at least one self-care activity on their own. The conditions most commonly associated with ageing are: coronary heart disease and stroke, diabetes, cancer, chronic pulmonary obstructive disease, incontinence, Alzheimer's disease and other forms of dementia, osteoporosis and osteoarthritis. Older people may also experience some decline in hearing, vision, physical strength and balance and there may be some loss in mental acuity.

The chances of developing dementia are significantly increased in old age. Barnet will experience an increase in the volume of dementia cases reported, because the life expectancy of its residents is continually increasing. **In 2012, Barnet had a higher population of adults with dementia than any other London Borough** (the 2012 percentage was also significantly higher than national averages). In 2014, there was estimated to be 4,000 people living in Barnet with dementia. This number is rapidly increasing (1.5 times faster than other London locations) making this a key challenge for health and social care.

As the number of older people requiring social care support increases because of illness, it is essential they are offered services that help them to remain independent and live healthily in their own homes for as long as possible. They need access to crisis response services, and support to recover quickly from illness. Barnet Council will ensure, with health colleagues, that the required community provision is in place to enable older adults to be better supported at home, avoiding the need for hospital or residential care admissions. In addition, residents will receive high quality, compassionate care that is designed to meet their personal needs delivered by an appropriately skilled workforce. Such provision will also delay and reduce the

potential requirement for a higher cost traditional package of care. When a hospital admission does become necessary, Barnet Council will support patients to be discharged and returned to their home as quickly and as efficiently as possible. This will reduce the need for care home placements.

Housing which supports people to live as independently as possible is crucial for all older people but can particularly restrict the lives of people who require health or social care services. The impact of having a fall, for example, for someone who has arthritis or who has limited mobility because of a stroke, can result in long-term complications significantly affecting the person's quality of life and costing social care services up to £17,000 per person. The total social cost of falls alone to Barnet Council is over £19,000,000 based on the projected number of falls of 1135. (Projected Older People Population Information Systems analysis of ONS data). Barnet Council will ensure that there is a choice of available housing within the Borough, which through the design, supports to enable older people to age well and live life to the full.

Traditionally, care packages have focused entirely on service delivery. Older people and their families have reported that they do not always feel fully in control of their lives, and many older people feel that services present a barrier to remaining connected to social and family networks. Other older people have become more socially isolated and lonely as their families move away, their neighbourhood changes and their own health prevents them from engaging as actively as they used to. **Barnet Council will use every contact to actively reconnect people with their family and social networks and communities**, using such services as enablement, not only to help people get back on their feet, but wherever possible as a step on the way to develop or redevelop contact with local people and community based resources. With over 5,000 older people aged 75 and over who are socially isolated and at risk of being lonely, this is an essential development in ensuring that Barnet's older residents have a good quality of life.

For residents this will mean:

- The right support to remain at home for longer - with greater use of technology to help keep people safe
- Greater use of direct payments and self-directed support.
- Greater choice and flexibility of accommodation options and home based support.

For suppliers this will mean:

- New contracts for home based support that further focus on achievement of outcomes.
- A shift in demand from acute and residential provision to community based support.
- Single contracts for health and social care provision.

5a Commissioning intentions:

	Commissioning intention	What needs to happen
1	Commission an integrated health and social care service for frail older people and those with long term conditions. Consider alternative models of delivery to ensure best fit.	<ul style="list-style-type: none"> - Finalise and agree the HSCI business case and integrated care model - Agree Better Care Fund funding arrangements by spring 2015 - Implement and evaluate the care model - Review the model and assumptions and develop commissioning intentions with clarity around delivery models.
2	Increase housing choices for older people where the existing accommodation is not suitable	<ul style="list-style-type: none"> - Develop 150 extra care and specialist integrated housing by 2020 and promote lifetime homes throughout the regeneration period
3	Commission high quality flexible specialist home support services including personal assistants	<ul style="list-style-type: none"> - Develop homecare strategy to inform the tender of homecare services. - Develop the workforce strategy to support the tender of homecare services. - Develop the PA strategy to increase the number of PAs in Barnet.
4	Increase the use of enablement services for all older people	<ul style="list-style-type: none"> - Review and implement the policy framework to ensure that all older people who would benefit from enablement are offered it at every opportunity from March 2015 - Increase the number and variety of telecare choices offered
5	All support plans will increase the ability of older people to access community resources and social/family networks	<ul style="list-style-type: none"> - Implementation of Care Act 2014 and new IT will include community resources and family networks in modules and social workers will receive training on this - Commission brokerage service

These commissioning intentions will contribute to the following outcomes:

- Person centred Integrated support
- Safeguarding
- Carers

5b Outcome measures

Measure	Baseline – 13/14	Target – 15/16	Target - 19/20
Proportion of people who feel in control of their own lives	73.3%	Top 25% of comparable boroughs	Top 25% in England
Proportion of people who leave enablement with a no care package	End of year projection – 68%	63%	63%
Proportion of older people remaining at home 91 days after discharge	71.90%	87.9%	Top 25% of comparable boroughs
Proportion of new clients, older people accessing enablement	Not available	50%	70%
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	486.9	378.4	Top 10% of comparable boroughs

5c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16		19/20
General fund budget	£37.40m	£34.73m		£34.41m
		<i>Taking account of:</i>		<i>Taking account of:</i>
Savings		(£3.02m)		(£6.47m)
Inflation		-		£2.41m
Demographic growth		£0.37m		£3.74m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

6. Service component: Carers

Barnet Council recognises that the best people to provide support and care are usually those people that know and love their family members or friends. For some carers, this can be one of the most rewarding experiences of their lives – for others, caring can be at the expense of their health, wealth and personal aspirations. The support that carers require to prevent or minimise the negative aspects of caring will vary according to the individual circumstances of the carer and the disability or illness of the person who is being supported. For example, carers may require support to juggle the competing demands of work or education, such as employers or teachers who understand what they can do to help; access to emergency help in a crisis etc. For others it may be gaining a better understanding of the condition and the best way of supporting their family member through expert carer programmes, and for many carers, it will be access to support where they can share their concerns or frustrations.

The Care Act 2014 brings with it new duties of assessment and support for carers and will increase the number of carers that identify as carers and request support in their role. This will bring with it new opportunities to better support more carers. The census identified 32,320 people who are carers in Barnet, yet we currently support less than 10,000 carers, and the majority of this support is information and advice. The Care Act 2014 will also bring financial challenges in terms of an increased ask of Council resources.

Barnet Council values the support that carers offer and will **strengthen and expand the range of support that is offered to carers** to continue to support people for as long as they wish. **Carers will be treated as expert partners in the delivery of care** and support. In order to maintain and strengthen, rather than intervene in the relationship between the carer and cared for, each assessment will focus on the carer and their service requirements, **developing a foundation offer**, which will then be topped up with additional support where required for the cared for. The full range of available help – from assistive technology to training in caring tasks – will be explored with the carer to make sure that caring is doable and rewarding. All carers will also be able to take advantage of the opportunities that have been described in other service components, whether for themselves or for the people they support.

For residents this will mean:

- Greater support to enable carers to continue in their caring role.

For suppliers this will mean:

- Procurement of new carer support services.
- Expectation that family carers are actively involved in the planning, delivery and design of support packages.

6a Commissioning intentions:

	Commissioning intention	What needs to happen?
1	To prioritise meeting the needs of carers, including young carers, through the assessment and support planning process by better supporting carers' own physical and mental health needs.	- A carer focused approach will be implemented as part of the Care Act 2014 implementation programme by summer 2015
2	To strengthen the current carers' support offer e.g. assistive technology, intensive support for carers of people with dementia.	- A full analysis of how the carers' offer can be strengthened to be undertaken as part of the Care Act 2014 implementation. It will be promoted as part of the carers' offer from 2015 - The intensive support package for carers of people with dementia will be commissioned and piloted
3	To better support carers to balance work and caring commitments. Local small businesses know how to retain carers in their workforce.	- Workability carers package will be commissioned

These commissioning intentions will contribute to the following outcomes:

- Person centred Integrated support
- Safeguarding
- Carers

6b Outcome measures

Measure	Baseline – 13/14	Target – 15/16	Target - 19/20
Proportion of carers satisfied with social services	34.6% (12/13)	35.7%	Top 25% of comparable boroughs
Carers' reported quality of life	7.7 (12/13)	7.8%	Top 25% of comparable boroughs
The percentage of adult carers who have as much social contact as they would like according to the Personal Social Services Carers survey	35.80%	36.5%	Top 25% of comparable boroughs
Number of residential admissions as a result of carer breakdown	Not available.	Lowest 25% of comparable boroughs (high performance)	Lowest 25% of comparable boroughs (high performance)
Carer assessments resulting in information, advice & services	No available.	Top 25% of comparable boroughs	Top 25% of comparable boroughs

6c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16		19/20
General fund budget	£1.87m	£1.78m		£1.88m
		<i>Taking account of:</i>		<i>Taking account of:</i>
Savings		(£0.10m)		(£0.11m)
Inflation		-		£0.09m
Demographic growth		£0.01m		£0.12m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

7. Service component: Leisure Services

The Council owns five leisure centres at Burnt Oak, Hendon, Finchley, Copthall and Church Farm with their management sub-contracted out to Greenwich Leisure Limited (GLL) under their 'Better' brand (a charitable trust). The contract for their management of the leisure centres runs until December 2017 when it will need to be re-commissioned.

The overall aim is to end up with a contract that can **improve the participation levels in sport and physical activity across the Borough while delivering cost neutral sport and physical activity services for the Council**. In parallel, the current SPA project will take a wider strategic approach to SPA provision to ensure that key Public Health objectives, inclusive of the health and wellbeing outcomes as incorporated into the current Health and Wellbeing strategy and Public Health commissioning strategy, are considered to ensure sustainable delivery in the long term.

National evidence indicates that the health of Barnet's population is likely to be enhanced by increased physical activity across the population with the greatest gains coming from enabling the sedentary, those who are least active, to undertake a degree of physical activity. **Increasing physical activity can create less dependency on health and social care by** having a preventative effect on the development of conditions such as diabetes, Coronary Heart Disease (CHD), some cancers and obesity. Being more active can also assist in re-enabling people with long-term conditions to manage their own health and well-being, therefore delaying the progression into more dependency. For many people, enjoying being more active can bring them into contact with others; this might be through volunteering in a club or sports organisation, joining in with an informal activity or being part of a regular session. Although we know that purely being in contact with others does not address social isolation, we know that the more contact points people have and the more belonging they feel as part of a community, the easier it is to tackle some of the issues that arise from social isolation, and becoming more active can contribute to this.

7a Commissioning intentions:

	Commissioning intention	What needs to happen?
1	Achievement of a cost-neutral provision of the Council-owned leisure centre facilities (with capital investment).	<ul style="list-style-type: none"> - To finalise the vision for leisure services with a clear strategy for each of the 5 leisure centre sites described in a feasibility study and masterplan. - To develop a procurement specification that will deliver the vision from the feasibility study and planning masterplan. - To work with stakeholders throughout the Council to ensure that any new leisure contract delivers against strategic priorities across the authority e.g. health, prevention, re-ablement.
2	Improved levels of physical activity	<ul style="list-style-type: none"> - More focussed KPI's on new leisure

	Commissioning intention	What needs to happen?
	within Barnet, particularly in target geographical areas for both adults and children, leading to improvements in public health outcomes and general wellbeing.	services contract and more effective and pro-active contract management. - Public Consultation with residents, including focus groups

7b Outcome measures

Measure	Baseline	Target – 15/16	Target - 19/20
Increasing participation in sport and physical activity	53.9% (2013)	Top 25% of comparable boroughs	Top 25% of comparable boroughs
Increasing residents' satisfaction with the Council's provision	38% satisfaction (13/14)	Top 25% of comparable boroughs	Top 25% of comparable boroughs

7c Financial impact

The current contractual commitment includes a c. £1.2m annual management fee which the Council pays to GLL to operate and maintain the current leisure centre facilities. This annual payment runs to the end of the contract in December 2017. The project intends to deliver a zero subsidy leisure services contract from January 2018, follow initial capital investment.

	14/15	15/16		19/20
General fund budget	£0.46m	£0.46m		£0.46m
		<i>Taking account of:</i>		<i>Taking account of:</i>
Savings		-		-
Inflation		-		-
Demographic growth		-		-

8. Service component: Cross-cutting issues

In order to **preserve the frontline face to face services**, the Council will seek to make efficiencies across the Council in a number of key areas – efficiencies will focus on the Council workforce, support costs – such as IT and in the costs of externally procured services.

8a Commissioning intentions:

	Commissioning intention	What needs to happen next?
1	Ensure that the voice of people who use adult social care and carers contributes to the design and delivery of services.	- All service redesigns must evidence that people who use adult social care and carers have contributed to the design and delivery of the service.
2	Promote and maintain the quality and consistency of the social care workforce. Ensure that the workforce development programme is focused on strengthening the quality and consistency of practice.	- Workforce strategy to be developed which looks at recruitment, retention, skill set, qualification requirements and costs of the adult social care workforce as a whole.
3	Constrain inflationary pressure on procured goods and services to 0.5% from 16/17 – 19/20.	- Timetable for negotiation and agreement of contract costs.
4	Identify measures to reduce the cost of the workforce employed by LBB.	- Plan to achieve cost savings needs to be developed and agreed
5	To adopt new policies on eligibility, contributions and deferred payments.	- Consultation on proposals to take place - New policies to be agreed by Adults and safeguarding Committee

8b Outcome measures

Measure	Baseline	Target – 15/16	Target - 19/20
Number of safeguarding adults alerts	565	Monitor	Monitor
Proportion of people who use adult social care services satisfied with their care and support	87%	Top 25% of comparable boroughs	Top 25% in England
The proportion of people who use services who feel safe	65.2%	Top 25% of comparable boroughs	Top 25% in England
Number of people meeting their outcomes at support plan review.	915 (86%)	90% <	Maintain
Overall number of contact events into Social Care Direct	40,357 (2014/15)	Monitor	Monitor

Appendix A

	projection)		
Percentage of Social Care Direct customers who are satisfied or very satisfied with the service they have received post resolution	81% (Quarter 3 2014/15)	85%	85%
Number of repeat callers with the same issue	New	Monitor	Monitor
Percentage of customer contacts into Social Care Direct resolved at first point of contact	58% (Quarter 3 2014/15)	Monitor	Monitor
Percentage of customer contacts into Social Care Direct passed to adult social care	20% (January 2015)	Monitor	Monitor

Budget Summary and Forward Plan

Adults & Safeguarding		2015/16 £	2016/17 £	2017/18 £	2018/19 £	2019/20 £
Base Budget		102,912,312	96,927,667	95,951,450	94,455,083	93,270,265
Virements		1,084,355				
		103,996,667	96,927,667	95,951,450	94,455,083	93,270,265
Efficiencies						
EIA 1	<p>Savings through supporting people in the community as opposed to high cost care packages and residential placements The 'Community Offer' delivers savings through supporting people in the community and offering alternative ways to meet statutory social care needs as opposed to high cost care packages and residential placements. This will lead to increased use of universal services, enablement, telecare, equipment and direct payments instead of a traditional home care and residential care.</p> <p>The 'Community Offer' will be delivered by multi-disciplinary teams of social workers, occupational therapists, telecare and direct payments advisors. The net cost of supporting someone on a community alternative is cheaper than traditional care. This is an on-going initiative.</p>	(858,000)				
EIA 2	<p>Savings through supporting people in appropriate housing as opposed to high cost placements Reduction in cost of residential third party placements by: Innovative use of support and housing options to deliver savings whilst ensuring promoting choice and independence for customers. The savings proposals are: • Full year impact of Re-commissioning our Floating Support contract • Develop additional Sheltered Plus accommodation - Housing options will be subject to discussion and consultation with individual service users on their individual needs on a case by case basis.</p>	(704,000)				
EIA 3	<p>Savings through supporting people by increasing investment in carers support to prevent/reduce the need for funded care Savings to be achieved through efficiently coordinating and personalising services for carers so that there is a clear 'Carers Offer' throughout the carers journey. This will help the carer sustain their role, and reduce the need to access specialist services including hospital and residential care.</p> <p>In 2012/13 2,179 carers had an assessment, of these it is assumed that 25% support individuals that would otherwise be in residential care. Increasing this by 5% would generate sufficient savings to meet this target and aid people to live more independently with more choice and control. However this will in practice mean that people will receive lower cost packages which could be perceived negatively.</p>	(550,000)				
EIA 4	<p>Savings through decreasing external third party expenditure on day care costs by increased access to universal leisure services and specific renegotiations Savings to be achieved through: (1) Partnership working with leisure services to offer more mainstream leisure activities reducing dependence on specialist day care provision, using a dedicated leisure co-ordinator. (2) Reviewing provision of transport in relation to day activities.</p>	(660,000)				
EIA 5	<p>Savings through sharing funding arrangements with MHT</p> <p>Individuals who have received treatment under the mental health act on a section 3 at the point of discharge are subject to section 117 aftercare. There is an agreement currently that anyone subject to S117 will automatically be jointly funded between health and social care. The proposed changes would not impact on the Council's ability to provide these services.</p>	(401,000)				
EIA 6	<p>Savings through reduction in staffing costs Reductions in back office transactional functions through new ways of working and exploring new innovative models.</p>	(300,000)				
EIA 7	<p>Savings through HRA investment in new build which will result in reduction in high cost placements Savings to be achieved through increasing independent living options for Younger Adults with physical/learning disabilities and Mental Health issues. This proposals includes a new build programme using HRA monies for wheelchair accessible housing and working with Barnet Homes and the private rented sector to source suitable accommodation for younger adults. Housing options will be subject to discussion and consultation with individual service users on their individual needs. Barnet Homes will carry out specific consultations with tenants and RE through the statutory planning process, where required.</p>	(1,513,000)				
EIA 8	<p>Savings from renegotiation of existing contracts Procurement savings achieved through: <u>- working with providers to contain inflationary pressures</u></p>	(600,000)				

EIA 9	<p>Savings through reduction in expenditure by working with CSG provider</p> <p>Stretch of demand management and efficiency saving proposals to be identified through working with CSG provider to improve efficiency and self service, targeting the following:</p> <ul style="list-style-type: none"> - Developing new model of Social Care in relation to Care Act - Reducing demand for high cost placements by providing advice and signposting at first point of contact - Reducing costs of third party spend through procurement activity - Combining Adults Social Care duty functions and elements of the assessment process with the Adult Social Care Direct in CSG 	(2,000,000)					
EIA 10	<p>Savings through reduction in placement costs for residents permanently settled out of the borough</p> <p>Where an individual has chosen, as they have capacity, or have moved to another authority in accordance with their families' wishes, (ascertained through a best interest decision where an individual does not have capacity), the receiving authority will be given 3 months' notice regarding transfer of responsibility, which includes any required social care funding. This proposal is not expected to negatively impact service delivery.</p> <p>Budget proposals for 2016-20 include efficiency savings on third party contracts by approximately 2% per annum. The main areas of contract spend in this area are for the provision of care. The overall budget envelope includes provision for contract inflation of 2.5% per annum, so this saving could be made either from containing inflation on contracts, commissioning different models of service delivery or through improved contract management and negotiation of better rates. The bulk of contract spend in Adults and Communities is on contracts for care services with external providers, including Your Choice Barnet, Fremantle Trust, Jewish Care (the top 3 contracts by overall spend), home care providers, meals on wheels, equipment. There is only 1 block contract - for residential care with Fremantle trust. Other contracts are based on purchasing specific care for individuals (spot/personal budget) without guaranteed volumes. The remit of the Committee also includes contracts with the voluntary sector for prevention services (e.g. Age UK Barnet, Carers Centre).</p>	(838,000)	(665,783)	(652,467)	(639,418)	(626,629)	
	<p>Budget proposals for 2016-20 include workforce efficiency savings of approximately 10% of the relevant delivery unit employee budgets. As government funding for local government services continues to reduce, all Council delivery units will need to review their workforce budgets to ensure that they can improve efficiency by 10% by 2020. Corporate initiatives such as the review of terms and conditions, and the unified pay project, will support delivery units in achieving this saving. Delivery units will also need to review performance management, use of agency staff, management layers and staffing levels to ensure that this saving can be achieved.</p>		(375,000)	(441,600)	(441,600)	(441,600)	
	<p>Identification of alternative delivery model(s) and / or shared service options that can reduce the cost of the adult social care system (staffing costs) and then better utilise the demand management levers (e.g. self-management, early intervention, telecare, enablement, creative support planning) to reduce care costs.</p>		(226,434)	(579,000)	(579,000)	(578,000)	
			(8,424,000)	(1,267,217)	(1,673,067)	(1,660,018)	(1,646,229)
Reducing Demand & Promoting Independence							
	<p>Continuation of the 'Community Offer' delivering savings through supporting people in the community and offering alternative ways to meet statutory social care needs as opposed to high cost care packages and residential placements. This will be applied to existing and new service users. This will lead to increased use of universal services, enablement, telecare, equipment and direct payments which cost less than traditional home care and residential care. Service users will therefore receive lower personal budgets whilst ensuring eligible needs are met. The savings will be driven out by social workers incorporating elements in care and support plans which cost less than traditional care or that do not require Council funding. This might include support from volunteers, use of local clubs/libraries, as examples.</p>		(350,000)	(350,000)	(300,000)		
	<p>Helping older people with dementia to remain at home</p> <p>This proposal recommends investment in order to develop an intensive evidence-based model of support for Barnet carers of people with dementia, in order to increase carer sustainability, delay residential care and manage adult social care demand.</p>		(125,000)	(125,000)	(125,000)	(125,000)	
	<p>Generating general fund savings from providing specialist integrated housing for older people based on the provision of 52 flats with 50% high needs, 25% medium needs and 25% low needs.</p>		(95,000)	(285,000)			
	<p>Implement a 0-25 disabilities service that better brings together health, care and education to ensure that growth is enabled for young people with disabilities.</p> <p>This should reduce the cost to adult social care arising from lower care package costs for those transitioning at the age of 18 over this period. than has been the case for past transitions cases.</p>		(125,000)	(125,000)	(125,000)	(125,000)	
	<p>Support to help people remain caring and in work by increasing support to carers and employers in the borough enabling carers to remain in work and caring. Savings are from cost avoidance of increased homecare support.</p> <p>Increasing choice in retirement and for younger disabled adults - investment in an increased advice and support service promoting adaptations and moving to a more suitable home. Savings are based on incremental impact of adaptation/move avoiding costs of enablement, increased homecare and residential care admission.</p>			(141,300)	(151,800)	(405,000)	

	Increasing choice in retirement - 40% of people want to retire abroad + providing information & support through a national partner with appropriate expertise will help them realise this. Savings based on cost avoidance of homecare based on people taking advantage of the service and delaying their take up of social care.			(162,000)	(162,000)
	Develop methods of increasing numbers of personal assistants in Barnet, as an alternative to home care agencies. Service users directly employ the personal assistant and therefore are able to personalise and control their care and support to a very high level. Savings are based on an average reduction of care costs per user per year of £1,000, as a result of increased control of care and support plans and lower over head costs than home care agencies. Currently (October 2014), 1,788 service users receive their home care support from a home care agency.	(60,000)	(140,000)		
	Review support packages and develop support plans (with appropriate enabling / transition) to meet needs at a lower cost. This is likely to include the following: Increase the supply and take-up of supported living and independent housing opportunities supporting transitions from those currently in residential settings. Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with learning disabilities to live more independently. Improve the carer's offer and support planning process to ensure carers feel able to continue to support an individual for as long as they can. Stimulate the market to encourage providers who can effectively focus on enablement and development. Develop the employment support offer for adults with learning disabilities and ensure there are sufficient employment opportunities available in the borough.	(425,000)	(425,000)	(425,000)	(425,000)
	Reduction in grant funding for voluntary organisations providing universal / low level / early intervention services	(59,000)			
		0	(1,239,000)	(1,591,300)	(1,288,800)
Service Redesign					(1,242,000)
	Integrated Care for frail elderly/over 50 years with long-term conditions The proposal to develop a 5 tier model to support the development of an integrated health and social care system for older frail people was agreed at the Health and Wellbeing Board in March 2014 and has formed the key element of the Council and CCG's national Better Care Fund plan.	(150,000)	(250,000)	(250,000)	(350,000)
		0	(150,000)	(250,000)	(350,000)
Pressures					
	Demographics pressures due to general trends and price as well as transitions of children joining adult service areas Deprivation of liberty safeguards (DoLS)	800,000 555,000	1,680,000	2,018,000	2,014,000
		1,355,000	1,680,000	2,018,000	2,014,000
					2,375,000
Budget		96,927,667	95,951,450	94,455,083	93,270,265
		(7,069,000)	(976,217)	(1,496,367)	(1,184,818)
					(863,229)

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Appendix C

Adults and Safeguarding Committee

Consultation findings

1. INTRODUCTION

This report summarises the key findings from the 2015/16 Budget and Strategic Plan to 2020 consultation from across the council as well as more detail on the findings from the Adult and Safeguarding Committee. .

For more information on the background and method to the consultation you can read the full consultation paper [here](#).

The consultation involved three strands;

- General budget consultation on the 2015/16 budget
- Service specific 2015/16 proposals: Special Educational Needs Transport
- Strategic Plan to 2020: Corporate Plan Priorities, Theme Committee Commissioning Plans, and the overall MTFs from 2015 - 2020

A total of 333 people took part in the three strands – with 181 completing the various online surveys as part of the open consultation (61 for 2015/16 budget, 28 for Strategic Plan to 2020 and 92 for SEN Schools transport) and 149 taking part in the Strategic Plan to 2020 workshops.

2. FULL COUNCIL FINDINGS

STRAND 1: Open Consultation on 2015/16 Budget Savings

In total 61 questionnaires were submitted on the 2015/16 budget. Over two-thirds of respondents (34 of the 56 respondents) disagreed with the council's proposed savings in terms of balance between efficiency savings, income generation and cuts to services, with only 8 of the 56 respondents believing the council had got the right balance.

The key reasons for people disagreeing with the balance of savings were;

- Services cannot be reduced
- Council Tax should be increased
- Library service should not be cut.

In regard to Council Tax for 2015/16, the majority of respondents to the open consultation disagreed with the council's proposal to freeze Council Tax, with

residents stating that a small increase could support services, with a particular focus on preservation of the library service.

In regard to comments on the balance of savings for each committee respondents felt;

- The council should increase Council Tax
- Cuts are too heavy, with a particular objection to reductions in the Adults and Safeguarding budget and the Library service.

Both the 2015/16 Budget savings and Strategic Plan to 2020 consultation were open at the same time as other major consultations such as the Library Strategy Consultation. It is reasonable to assume that some residents have responded to the three strands of this consultation programme as well as the individual service specific consultations.

From the comments received as part of the consultation it is evident residents have used the vehicle of these consultations to make clear their feelings on the proposed reduction in funding to the library service.

Strand 2 is not included as it is a service specific consultation for Special Educational Needs Transport.

STAND 3: Workshops for Strategic Plan to 2020

The workshops found that when residents had to prioritise services in the context of the financial restraints the council is under, residents' priorities broadly matched the council's current proposals for savings up to 2020.

It was clear from the workshops that residents prioritised targeted support for vulnerable children and adults over universal services such as waste collection and libraries. In general, residents wanted the council to make less reduction to adults and children's service budgets and slightly more savings for Environment Committee.

The findings of the workshops stand in contrast with both the open consultation and the Residents' Perception Survey, where the larger numbers of users of universal services naturally leads to these services being given greater importance in quantitative surveys.

The greater review and discussion of services in the workshops, and the prioritisation of services and funding that the workshops demanded led residents to accept compromises in universal services in order to protect services for the most vulnerable.

a. Key Themes

Support to the most vulnerable is a priority

Across all workshops there was a strong belief that the council should target support at the most vulnerable, findings which match those from the first round of the Priorities and Spending Review in 2014. The majority of residents' priorities can be summarised by the following comment on emergency temporary housing for the homeless;

"These are the most vulnerable people in our society. If we can't help them what's the point?"

Prevention is a good use of resources

The workshops which focused on services for adults and children saw residents prioritise services that supported the prevention agenda as well as the most vulnerable;

"Prevention is better than cure. I think the more one can support those families to get through the year, the better the outcome, the less will be required from the council."

Prevention proved popular in the context of potential cuts as residents thought that prioritising prevention services could reduce the cost to the council in the long term and improve the outcomes for those supported. This was felt to be both just, and a good use of resources.

The importance of a safe environment

Safety was an underlying theme of why many residents prioritised services. This was especially evident in the learning disability workshop. Safety was an issue in regard to safeguarding of vulnerable adults and children as well as safety for all residents through universal services such as street lighting and street cleansing.

Resident's emphasised the importance of street lighting because: *"If you have lights on you are actually saving lives"*.

b. Theme Committee Priorities

The focus of the workshops was on those services which most impact on residents, these were generally services within the remit of Children, Education, Libraries and Safeguarding; Adults and Safeguarding; and Environment Committees.

Children, Education, Libraries and Safeguarding

As part of the workshop focused on Children, Education, Libraries and Safeguarding Committee, residents prioritised the following services;

- Children's mental health

- Short Breaks
- Support for young adults leaving care.

Those services which attendees felt, within the context of council's reductions, had the most potential for savings were;

- Educational support to schools
- Special Educational Needs transport
- Libraries
- Children's Centres.

In later discussions residents still emphasised the importance of these services, but in context they were seen as more palatable options to reduce costs.

For example, although people in the workshops were supportive of libraries as a service, they were not seen as a priority when compared to targeted services which supported the vulnerable. This was a theme not only when focusing on the **Children, Education, Libraries and Safeguarding Committee** but also in the context of wider council services.

As each specific proposal within the remit of the CELS committee is brought forward, individual consultations will be conducted. The library proposal is currently under active consideration and the outcomes of the library consultation will be reported to the CELS committee in June.

Resident's preference within the workshops was to make less service reductions in the remit of the Children, Education, Libraries and Safeguarding Committee than the council has proposed.

Adults and Safeguarding

As part of the workshop focused on the Adults and Safeguarding Committee, residents prioritised the following services;

- Support offered to carers
- Preventative work for people with learning disabilities
- Short term and residential care for people with mental health issues
- Support to community/voluntary groups for the elderly
- Direct payments for people with physical disabilities
- Leisure centres.

Those services which attendees felt, within the context of council's reductions, had the most potential for savings were the more expensive services of;

- Supporting older people in their homes
- Residential care for older people.

Again there was an emphasis on prevention, with one resident stating that (in regard to short term mental health support): *“It’s much better in cost terms than rehabilitation. Short term they can improve and get better rather than, possibly, being institutionalised”*.

Resident’s preference was to make less service reduction in the remit of the Adults and Safeguarding Committee than the council has proposed.

Environment Committee

As part of the workshop focused on Environment Committee, residents prioritised the following services;

- Street lighting

Those services which attendees felt, within the context of the council’s reductions, had the most potential for savings were the more expensive services of;

- Rubbish and recycling collection
- Town centre cleaning
- Green waste
- Management of the council’s bowling greens.

Residents, on balance, prioritised residential street cleaning over town centres, whilst the main reason for prioritising street lighting was to protect safety. Residents saw the commercial benefit of increasing the number of events in parks but would be worried if a lot of access to parks was not available to the general public.

On balance, the view seemed to be that a fortnightly rubbish collection was good idea, but a weekly collection of recyclables should remain. It was felt by many that this policy may encourage more recycling.

Residents’ preference was to make slightly more savings from the Environment Committee budget than the council has proposed, with residents preferring to prioritise services which supported vulnerable children and adults.

c. Barnet’s ‘Commissioning Council’ Approach

Participants were asked to give their views on the council’s ‘Commissioning Council’ approach. This means that the council’s primary concern is about the quality of local services, whether they achieve stated outcomes and whether they are value for money, rather than how services are delivered and by whom. Generally as part of the workshop there was an acceptance (rather than endorsement) of the concept, but with a concern about whether the council would have the management capacity or skills to manage a broad and range of contracts.

There was a general agreement with the principle of the Commissioning Council model and the following comments give a good summary of the discussion and opinion;

“It’s all right by me as long as it’s done properly with proper controls and transparency”

“I think that’s completely unrealistic. In principle, in theory, if it’s done to the same quality, yesbut that’s not what happens.”

“As long as the service remains the same it’s not detrimental”

Key concerns were about accountability, especially in regard to private sector organisations with a level of mistrust about large businesses being involved in the delivery of core council services.

In contrast to the workshops, respondents to the open consultation appear to be more negative about the commissioning approach, with 13 out of 23 respondents being strongly opposed to this approach, with only 6 out of 11 respondents either strongly or tended to support this commissioning model.

d. Council Tax

Within the workshops, the majority of respondents attended from the Citizens’ Panel were supportive of increasing Council Tax, compared to only a third of the service users who attended workshops, where the majority of attendees preferred a freeze on Council Tax.

The key reason for choosing an increase in Council Tax was that they felt that it was value for money to pay slightly more per resident but minimise cuts to services. Those that chose to freeze or reduce Council Tax felt that Barnet Council Tax was higher than some neighbouring boroughs and was high enough already.

Residents taking part in the open consultation were heavily in favour of raising Council Tax, with the most common responses to open ended questions for each committee being about increasing Council Tax to protect services.

e. Open Consultation on Strategic plan to 2020

Those who responded online supported the council’s four proposed priorities as well as the majority of priorities and outcomes for all the Theme Committees. However, as with the 2015/16 Budget feedback, there was a clear emphasis from residents that service reductions were too large, libraries should be protected and that social housing was a priority.

3. ADULTS AND SAFEGUARDING COMMITTEE FINDINGS

This section covers the findings from the Strategic Plan to 2020 consultation. 19 residents responded to the open consultation online survey, whilst 149 residents took part in the workshops which covered services within the remit of the Adults and Safeguarding Committee. 19 residents took part in the Adults and Safeguarding focussed workshop.

a. Open Consultation

Adults and Safeguarding Committee's Priorities

The majority of respondents (11 out of 17 or more) who answered the questions agreed with all the priorities set out in the Adults and Safeguarding Commissioning plan.

- That social care outcomes are delivered through a partnership with NHS, JobCentre Plus, housing providers and local communities
- That people are able to plan for the future, but are supported to get back on their feet if crises occur
- Those with longer term need have access to support options that are creative, individual to their needs and local.

Adults and Safeguarding Committee's Outcomes

In terms of outcomes, at least 13 out of 15 respondents agreed with all of the outcomes identified by the Adults and Safeguarding Committee, including those focused on;

- Planning for life
- Early intervention and prevention
- Person-centred integrated support
- Safeguarding
- Carers.

Adults and Safeguarding Committee's Approach

The most supported approach was 'Working closely with the NHS to implement the Care Act' (10 out of 15 respondents agreeing), whilst the lowest supported approach was to 'Explore alternative ways to deliver services, in partnership with other organisations and residents' which was only supported by 4 of 15 respondents, with 8 of the 15 respondents disagreeing.

Balance of savings

Respondents were asked how much they agreed that the Committee has identified the right balance of savings in order to achieve its priorities. 3 respondents agreed

the council had made the right balance, with twice as much, 6 respondents disagreeing.

Those who disagreed suggested cuts should not fall on social care, that there is no distinction between effective and efficient service delivery and that Barnet Council should not continue with outsourcing to private companies.

b. Workshop Findings

Results show that residents' prioritised prevention services for adults with learning disabilities, short term support for adults with mental health issues and increasing the support to carers to help people live longer in the community.

Mental health support was prioritised, whilst residential care for people with learning disabilities and homecare for the elderly was not prioritised as strongly. This does not mean that people did not feel these services were important, but that when they had to choose between priorities these services did not come first in most instances.

As the council's most expensive services, there is potential that these services were not prioritised by residents as it allowed them to prioritise more lower cost services.

The majority of residents preferred slightly more savings than those proposed by the council in regard to Adults and Safeguarding, in contrast to when services were considered across the whole council where residents wanted to make less savings in Adults and Safeguarding area.

The services which were prioritised by the Citizen's Panel members were;

- Prevention services for people with learning disabilities
- Residential care for people with mental health
- Short term mental health support
- Direct payments for people with Physical disabilities
- Support for carers
- Leisure centres.

The services which, on balance, were seen as options for savings were;

- Homecare for older people
- Residential care for people with learning disabilities.

The table below summarises discussion on each service as well as selected quotations from residents, which aim to give a flavour of the discussions.

Area	Feedback and example comment
Social care offered to older people in their own homes	<p>Residents were unanimous that it was important to look after elderly people and that, wherever possible, in-home care was a better option than residential care. Help from families and neighbours was not always available.</p> <p><i>“It’s important, first of all to keep people in their own homes because they tend to deteriorate very rapidly if you take them out of their own home and put them in residential homes. They can’t necessarily rely on neighbours.”</i></p>
Residential care for older people	<p>It was recognised that residential care for older people was a requirement and that some conditions, such as dementia and Alzheimer’s, necessitated residential care. At the same time residents wanted to keep elderly living in their own homes as long as was possible and feasible.</p> <p><i>“It depends on the elderly person and if they can’t manage at home they need to go to residential care.... Elderly people are living a lot longer and it does get expensive.”</i></p>
Supporting community/voluntary groups to work with older people in the community	<p>The value of supporting voluntary and community groups to support older people was evident.</p> <p><i>“I know charities that specialise in working with elderly people and I think it’s really important. A lot of these volunteers come from the same community that the elderly people come from in the community... It’s much cheaper to help volunteers to go into the homes of these people and help them than find they are totally dependent on the council, which is much more expensive”</i></p>
Residential care for people with learning disabilities	<p>No top priority spend being allocated was probably because it was the most expensive service on the grid.</p> <p><i>“It’s very important to me because people think because I’ve got learning disabilities we can’t think for ourselves, but we can ... and this helps us be independent”</i></p>
Prevention Supporting people with learning disabilities to live independently, be	<p>Definite evidence that Barnet residents at the workshop believed in the adage “Prevention is better than cure”</p> <p><i>“I chose it as a top priority because if you don’t have prevention, you will have more disability - so stop something</i></p>

involved in social activities and support with employment	<i>happening down the line and creating expectation that you have to be cared for all your life”</i>
Residential care for people with mental health needs	<i>“Some people can help themselves, but with mental illness it’s very difficult. I’ve dealt with mental patients and it’s very difficult - they need extra care”</i>
Short term support for people with mental health issues to support them back to a full life	<i>“It’s much better in cost terms than rehabilitation. Short term they can improve and get better rather than, possibly, being institutionalised”</i>
Direct Payments Payments made to people with physical disabilities or sensory impairments for them to meet their needs	<i>“with Direct Payment I’m in control of how much I can pay, how much I need and for what purpose.... So I could still continue my normal lifestyle of getting help to get dressed and washed – all that kind of stuff – and go to University on top of that”</i>
Social care services for carers Offering support for people who care for family members and friends. Including support, advice, information and short breaks from caring.	<i>“I think it’s very important to encourage people to continue with a good level of care, they need a lot of support because they do these things selflessly anyway”</i> <i>“If social care is being cut someone needs to pick up the pieces (and it will be carers)”</i>
Leisure Centres	<i>“I think it’s key to keep it the way it is at the moment. It’s important to motivate the young”</i>

Adults and Safeguarding

Residents' Perception Survey Autumn 2014

1. Introduction

- 1.1 This report provides a summary of key findings from the Autumn 2014 Residents' Perception Survey (RPS) which are pertinent to Adult and Safeguarding.
- 1.2 The council runs a Residents' Perception Survey every six months to regularly monitor resident satisfaction and longer term trends in order to improve how we respond to the needs of residents. The Residents' Perception Survey captures residents' general views and perceptions towards the Council, the services it provides and the local area and is used to explore changes in these opinions over time on a number of topics
- 1.3 The council commissions ORS, an independent social research company, to conduct the surveys. Quota controls are used to ensure a representative sample, with 1,600 responses achieved overall. Responses are weighted to ensure that the survey is representative of the make-up of the borough. It is accurate to within +/- 3 per cent so findings are only viewed as statically important if they are greater than plus or minus 3 per cent.
- 1.4 The data from the autumn 2014 Residents' Perception Survey was collected between 23 September and 28 November 2014.
- 1.5 The full results can be found at <http://engage.barnet.gov.uk>

2. Summary

Residents' concerns

- 2.1 The top three areas of personal concern for residents in Barnet, with between a quarter and a third rating them in their top three concerns, are *Conditions of roads and pavements* (31 per cent); *A lack of affordable housing* (29 per cent); and *Crime* (29 per cent).
- 2.2 Overall residents' concern for crime (29 per cent) is the same as results from both the Spring 2014 and Autumn 2013 surveys. Concern for crime continues to be top concern for the rest of London, however London-wide concern has declined significantly in Autumn 2015 (minus seven percentage points) and is now in line with Barnet.
- 2.3 Concern for *Not enough being doing for elderly people* (16 per cent), and *quality of health services* (19 per cent), are both in line with Spring 2014. These have also previously been in line with London, however Barnet residents are now significantly more concerned about these issues compared to London.

Planning for life

Social services for adults

- 2.4 In terms of overall perception just over a quarter of Barnet residents (28 per cent) rate Social service for adults as 'good to excellent' a decrease of four percentage points (significant) since the Spring 2014 results; however remains one percentage point above Autumn 2013. Compared to London, Barnet residents are significantly more likely to rate Social service for adults as 'good to excellent' (plus nine percentage points).
- 2.5 Users of the service are much more likely to rate Social service for adults as 'good to excellent. Just under three fifths (55%) of users rated the service as 'good to excellent', a 12 percentage point increase since Spring 2014 and a six percentage point increase since the Autumn 2013 results. London has experienced an even larger increase in user satisfaction, a 23 percentage point increase since Autumn 2013, and London user satisfaction is now six percentage points higher than Barnet.

Council owned leisure facilities

- 2.6 Two fifths (40 per cent) of Barnet residents rated Council owned leisure facilities as 'good to excellent'. Overall perception is in line with the Spring 2014 results; there has been a two percentage point increase since the Autumn 2013 survey, and a significant increase (plus ten percentage points) since Spring 2012. Compared to the rest of London Barnet residents are significantly less likely to rate Council owned Leisure facilities as 'good to excellent' (minus six percentage points below London).
- 2.7 Again **users** of the service are much more likely to rate the service as 'good to excellent'. Nearly three fifths (57 per cent) of users rate the service as 'good to excellent ' which is three percentage points higher compared to Spring 2014 and Autumn 2013 but is three percentage points below London.

Local health services

- 2.8 In terms of general perception three fifths (61 per cent) of the Barnet residents rate Local Health Services as 'good to excellent ' which is in line with Spring 2014, and a two percentage point increase since Autumn 2013. Compared to the rest of London Barnet residents are less likely to rate Local Health Services as 'good to excellent' (minus three per cent).

Safeguarding: Feeling Safe

- 2.9 According to the latest survey, the majority of Barnet residents (94%) feel safe when outside in their local area during the day, in line with results from Spring 2014 and Autumn 2013 surveys. This is also in-line with the national results (94%)¹.
- 2.10 When asked how safe or unsafe residents feel when outside in their local area after dark, the proportion of residents feeling safe is lower than during the day,


¹ No London data available

Appendix D

but still over two thirds (72%) feel safe. The results are broadly in-line with the Spring 2014 and Autumn 2013 results, but represent an increase of four percentage points since the Autumn 2012 survey (68%). Although data for London is not available, compared to national data, Barnet residents are less likely than residents nationally to feel safe after dark in their local area (79%, minus seven percentage points)².

² No London data available

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	<p>Adults and Safeguarding Committee</p> <p>19 March 2015</p>
<p>Title</p>	<p>Implementing the Care Act 2014: Eligibility; Carers contributions; Care arrangement fees; Increased demand</p>
<p>Report of</p>	<p>Dawn Wakeling (Adult and Health Commissioning Director) Mathew Kendall (Adults and Communities Director)</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Enclosures</p>	<p>Appendix 1 - Assessment and Eligibility Policy for Adults in Need Appendix 2 - Assessment and Eligibility Policy for Carers</p>
<p>Officer Contact Details</p>	<p>Jon Dickinson, Assistant Director Adult Social Care 020 8359 4871, jon.dickinson@barnet.gov.uk</p>

Summary

This report:

- presents a new policy enabling Barnet Council to adopt the new National Eligibility Criteria for adults in need;
- presents a new policy enabling Barnet Council to adopt the new National Eligibility Criteria for carers;
- discusses the local discretion to charge for carers services;
- presents a new policy on charging people who pay the full cost of their care for brokerage services;
- describes how Barnet Council will manage the increase in demand arising from the Care Act 2014 by improving the first point of contact.

The report and appendices have been written to meet the requirements described in the Care Act 2014, associated Regulations and Care and Support Statutory Guidance. All statutory duties described in this report commence on 1 April 2015.

Recommendations

1. That the Adults and Safeguarding Committee approve the adoption of the Assessment and Eligibility Policy for Adults in Need (Appendix 1).
2. That the Adults and Safeguarding Committee approve the adoption of the Assessment and Eligibility Policy for Carers (Appendix 2).
3. That the Adults and Safeguarding Committee approve the recommendation to continue with its existing policy of not charging for carer's services as set out in paragraphs 2.7 to 2.10 and specifically referenced in paragraph 2.9.
4. That the Adults and Safeguarding Committee approve the recommendation on charging a care arrangement fee for people who pay the full cost of their care as set out in paragraphs 2.11 to 2.21 and specifically referenced in paragraphs 2.17 and 2.19 of this report.
5. That the Adults and Safeguarding Committee note the remodelling of the first point of contact enabling it to manage the increase in demand arising from the Care Act 2014 (paragraphs 2.22 – 2.28).

1. WHY THIS REPORT IS NEEDED

National Eligibility Threshold

- 1.1 Under the Care Act 2014 Section 13, from April 2015, all councils in England will be required to meet needs at least at the national threshold described in The Care and Support (Eligibility Criteria) Regulations 2014.
- 1.2 Assessment and Eligibility Policies are needed for adults with needs and for carers to ensure that the Council has a clearly documented statement on how it will fulfil this new duty.
- 1.3 The National Eligibility Threshold has been set at a level which enables local authorities to maintain current levels of access to care and support. There is no discretion for members to exercise on the level of the minimum threshold or how it is defined. There is however, a discretionary power to meet needs beyond the level of the minimum threshold.

Charging for carer's services

- 1.4 The Care Act 2014 gives the Council a discretionary power to charge for carers services.

Care arrangement fees for people who pay for their own care

- 1.5 The Care and Support Statutory Guidance Section 8.13 states that when somebody who pays for their own community care requests the council to organise those needs on their behalf then the council must do so. The Care Act 2014 allows councils to charge an arrangement fee for this. The arrangement fee must cover only the costs actually incurred in arranging care. This might involve, for example, council staff organising an individual's home care, day centre attendance, telecare, enablement, or residential placement.

Managing increased demand

- 1.6 The Care Act 2014 introduces new rights of carers and those who fund their own care; and new duties for prevention, information and advice. These are anticipated to trigger an increase in demand.
- 1.7 The first point of contact element of the adult social care function, provided by the Customer and Support Group's Social Care Direct and Adults and Communities Delivery Unit, is being remodelled to provide an improved and better targeted response to the needs of the population of the Borough.
- 1.8 The changes amount to new ways of working and redesigning pathways and process. This report informs members of the changes being made to manage the challenge of increased demand at the first point of contact.

2. REASONS FOR RECOMMENDATIONS

National Eligibility Threshold

- 2.1 The Care Act 2014 sets a national minimum eligibility threshold for both adults in need and carers which all councils are required to use.
- 2.2 All councils in England currently use guidelines known as 'eligibility criteria', to work out if adults in need qualify for council funded social care support. The existing national guidelines, known as Fair Access to Care Services (FACS) allow councils to set eligibility for care and support between four bands: critical, substantial, moderate and low. At present, councils can choose which bands they will consider as eligible for their services, taking account of their resources, costs and local expectations. The Care Act 2014 national minimum eligibility threshold replaces FACS.
- 2.3 Because carers have not previously had the right to receive services, there have never been any national (or local) eligibility thresholds for carers. Currently, when it appears a carer has needs for support, the Council will aim to get a full picture of a carer's needs so that an appropriate response is given at the right time. This may range from provision of information and advice to arranging services to meet their eligible needs.
- 2.4 Barnet Council currently provides support for adults with needs who have critical and substantial needs under FACS. People who have needs in the moderate and low bands do not qualify for paid support from Barnet Council. This is line with the approach adopted by over 80% of councils in England. The Government has consulted widely on the national eligibility criteria, and the new minimum criteria broadly mirrors the substantial and critical bands used in Barnet and by most other councils across England.
- 2.5 Taking into account the Council's resources, costs and local expectations, officers recommend that the Council maintains the current level of service provision and does not meet needs beyond the level of the national minimum threshold for either adults with needs or Carers.
- 2.6 Feedback from the Barnet Care Act 2014 public consultation informed the recommended approach. Respondents were generally in favour of adopting the national minimum eligibility threshold in Barnet (56% vs. 15% for adults in need and 64% vs. 8% for carers). Examples of the range of comments:
 - *"Barnet is a wealthy part of the UK. We should be aiming to look after our vulnerable elderly as much as possible NOT simply complying to the minimum standards";*

- *“The outcomes listed appear to cover most areas in which it is likely that a person with illness or physical or mental impairment would be in need of support including the elderly”.*

Responses to the consultation are presented in a background document (Responses to the Barnet Public Consultation on the Care Act 2014).

Charging for carers services

- 2.7 From April 2015 councils will have the discretionary power to charge carers a contribution towards the costs of the support services they receive to meet their eligible social care needs. This charge applies only for the services provided directly to the carer.
- 2.8 Currently in Barnet the Council does not charge carers for services they receive to meet their own identified and eligible needs.
- 2.9 In Barnet, the Council recognises the vital role that people who care for vulnerable people play in the health and social care system. It would not be beneficial to individuals or the wider health and social care system if carers felt that they could not approach services for support when they need it, as a result of implementing charges. Therefore the recommendation is that the Council does not make any changes to its existing policy and continues not to charge carers in Barnet for the services they receive in their own right.
- 2.10 Feedback from the Barnet public consultation on the Care Act 2014 informed the recommended approach. Respondents were strongly in favour of the proposal not to charge carers for the services they receive in Barnet (66% vs. 3%). Comments included:
- *“Carers are saving the local authority thousands of pounds and should not have to pay for the support they receive”.*

Responses to the consultation are presented in a background document (Responses to the Barnet Public Consultation on the Care Act 2014).

Charging arrangement fees to people who pay the full cost of their care

- 2.11 People with eligible care needs and savings above the upper savings and capital limit may ask the Council to meet their needs. The upper savings and capital limit is set out in the Charging for Residential Accommodation Guide and is currently £23,250.
- 2.12 From 1 April 2015, councils will have the discretionary power to charge an ‘arrangement fee’ to people who have savings or capital above the savings and capital limit. The arrangement fee is a contribution to cover the actual administrative costs incurred in arranging care.

- 2.13 From 1 April 2015, this fee can be charged to:
- those people with unmet eligible care needs that will be met by community care services, and
 - have been assessed as having savings above the capital limit, and
 - the Council arranges their care.
- 2.14 From 1 April 2016, and subject to further guidance from the Department of Health, this fee can be charged to:
- those people with assessed eligible care needs that will be met by residential care services, and
 - have been assessed as having savings above the capital limit, and
 - the Council arranges their care.
- 2.15 Depending on each individual case, the administrative costs of arranging care could include:
- the costs of contacting care providers to arrange care;
 - setting up a contract with the care provider;
 - the extra costs of monitoring and paying invoices for care.
- 2.16 Barnet Council, like many other councils across the country, are expecting an increase in demand from people who currently arrange and pay for their own care. It is estimated that an additional 600 people, approximately, will approach adult social care for a needs assessment and would be eligible for support (modelling indicates as few as 100 or as many as 750 people). This will place additional financial pressures on the Council at a time when there is less funding available for care services.
- 2.17 In order to reduce the impact of this new financial pressure, it is proposed that the Council charges an 'arrangement fee' to those people who meet the requirements set out in 2.13 from 1 April 2015 and, (subject to further guidance from the Department of Health), to extend these arrangement fees to people who meet the requirements set out in 2.14 from 1 April 2016. This approach is consistent with the charging and fees policy adopted for the Council's Deferred Payments Scheme.

- 2.18 Only the actual costs incurred in arranging care would be charged. To ensure transparency and choice these charges will be publicly available and clearly set out as part of the financial and care assessment process. Preliminary work on the costings indicate that these fees would be approximately £50 to cover an initial two hours of brokerage and contracting with providers, and an annual fee of approximately £96 to cover 6 hours payment processing and monitoring costs.
- 2.19 The actual amount of the new fees that will be charged for arranging care as set out in this report will be referred to the Policy and Resources Committee on 24 March 2015.
- 2.20 The fees will be reviewed each year to ensure that they only cover the actual costs to the Council of arranging care. The fees will be reviewed through inclusion in the Council's annual Financial Forward Plan and Capital Programme.
- 2.21 Feedback from the Barnet Care Act 2014 public consultation informed the recommended approach. Respondents expressed a range of views with slightly more in favour of recouping costs from people who could afford it (40% vs. 33%). Examples of the range of comments:
- *"If people have more than £23,250 in savings then an arrangement fee is not too much to ask and will fund the increasing pressure on the council";*
 - *"Providing that those involved can REALLY afford to pay for this service";*
 - *"Care costs can be substantial and by charging a fee people who need help may not seek it".*

Responses to the consultation are presented in a background document (Responses to the Barnet Public Consultation on the Care Act 2014).

Managing increased demand

- 2.22 The first point of contact with adult social care for Barnet residents and other professionals is currently provided by Social Care Direct (SCD), provided by the Customer Support Group, who receive enquiries from the public and referrals from other agencies. SCD triage these contacts and provide information and advice or a referral to the Adults and Communities Older People/Physical Disability locality, Learning Disability or Mental Health teams or to the enablement provider (Housing 21).
- 2.23 It is expected that more people will contact adult social care through SCD from early 2015 because of the changes introduced by the Care Act 2014. The following new care planning tools are being introduced to support Care Act 2014 compliant processes:

- Referral Form,
- Supported Needs Assessment Form,
- Occupational Therapy Assessment Form,
- Support Plan Form,
- Review Form,
- Carers Assessment Form,
- Carers Support Plan,
- Carers Review Form.

2.24 These new tools will support choice and personalisation for Barnet residents. They will be used on a consistent basis across SCD and Council adult social care teams and provided to third parties with whom the Council contracts for services. This will help to ensure Barnet residents receive a consistent, high quality service and reduce duplication in the gathering of information, meaning people only have to tell their story once.

2.25 The Council will be broadening the range of functions provided at the first point of contact in order to handle larger numbers of enquiries and resolve them straight away. The first point of contact service will consist of co-located Adults and Communities and SCD personnel and will:

- Receive all calls, faxes and e-mails coming in to Adult Social Care from potential service users, carers, other professionals and any relevant parties;
- Receive and deal with on-line self-assessments;
- Be the initial point of contact for all safeguarding and related referrals from the Police, other agencies and the community;
- Carry out a triage response to all referrals;
- Carry out the duty functions and non-complex assessments currently carried out by Adults and Communities Older People and Physical Disability locality teams;
- Be able to undertake visits to resolve emergency and urgent referrals;
- Utilise professional Social Worker and Occupational Therapist (OT) advice and response at the first point of contact;
- Resolve as much as possible on the individual's first call.

- 2.26 In order to provide these functions at the first point of contact and give residents a faster, more efficient service, the Adults and Communities Delivery Unit intends to co-locate a team of qualified social workers and occupational therapists from the Older People/Physical Disabilities locality teams alongside SCD. These staff would remain employed by the Council and work alongside SCD staff to form an integrated team.
- 2.27 The Older People/Physical Disability Locality teams will then be able to concentrate on complex assessments and support planning, amongst other activities. This will help to reduce the time taken between a member of the public contacting Adults and Communities and receiving the information and advice, assessment or service that they require.
- 2.28 The difference for residents will be a more efficient response to their enquiry with fewer people involved, reduced waiting times, less phone calls and a clearer idea on what they can expect.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

National Eligibility Threshold

- 3.1 Local authorities have a duty to adhere to the National Minimum Eligibility Threshold. The only alternative option available is to meet needs that are not considered eligible under the national criteria. Taking into account the Council's resources and costs, this option was not considered economically feasible.

Charging for carer's services

- 3.2 Charging for carer's services was considered. This was not recommended because financially disadvantaging carers would disincentivise them from continuing or taking up a caring role. In many cases where a carer did not continue or take up a caring role, the Council would have to step in to meet needs thereby increasing the financial pressure on the Council. In addition to meeting physical needs, many unpaid carers support the development or maintenance of family or other personal relationships, a key outcome which is not easily taken on by a commercial service provider.

Charging arrangement fees to people who pay the full cost of their care

- 3.3 Not charging arrangement fees was considered. However, meeting the demand from the estimated 600 people for this service would place an additional financial burden without any offsetting financial support for new burdens from the Department of Health.

- 3.4 Additionally, it would be inconsistent with the approach to assisting people who can afford to pay for their care in other areas, notably the Deferred Payments Scheme where the fee for setting up a deferred payment agreement is met by the individual.

Managing increased demand

- 3.5 Continuing with the current model is not recommended because this would limit the range of services provided as part of a first contact response and would not enable Adult Social Services in Barnet to manage the anticipated increase in demand arising as a result of the Care Act 2014 or deliver further improvements in the quality of the service.

4. POST DECISION IMPLEMENTATION

National Eligibility Threshold

- 4.1 Adults and Communities will implement the threshold by introducing new assessment tools for adults in need and carers from the beginning of April 2015, when the new legislation comes into effect.

Charging for carer's services

- 4.2 The recommendation is a continuance of current policy therefore there are no implementation actions to be taken.

Charging arrangement fees to people who pay the full cost of their care

- 4.3 Adults and Communities will implement these changes from 1 April 2015. This will initially apply to people who currently pay for their own care and have eligible care needs who ask the council to arrange their community based care services.
- 4.4 The Customer Finance team within Adults and Communities will advise people of these fees and people will be invoiced accordingly. Payments and debt recovery will continue to be the responsibility of Customer Services Group. Business processes and procedures will be developed to support the implementation of the arrangement fee policy.
- 4.5 The effect of charging an arrangement fee as a contribution towards the costs of arranging care will be monitored and reviewed following implementation. Monitoring will assess the impact of charging an arrangement fee on demand following implementation.

Managing increased demand

- 4.6 Adults and Communities will implement the changes from 1 April 2015, when the new legislation comes into effect.

- 4.7 The changes will be supported by extensive staff training covering the Care Act 2014 and backed up by new procedures.
- 4.8 Monitoring and reporting of actual throughput by the Delivery Unit will enable any fluctuations in demand or unforeseen design issues to be responded to and resolved quickly.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Successful implementation of the Care Act 2014 will help to support and deliver the following 2013/16 Corporate Plan priority outcomes:

- “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”.
- “To promote family and community well-being and encourage engaged, cohesive and safe communities”.

5.1.2 The Health and Well-being Strategy 2012-15 echoes many themes of the new policy framework with its emphasis on promoting independence and wellbeing whilst ensuring care when needed. The reform agenda links directly with three of the main strands 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.

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

5.2.1 There is on-going modelling to try and ascertain the impact of the Care Act 2014. The precise costs will not be known until the Care Act 2014 is implemented. The service has received funding to help mitigate the cost of this implementation; however, the service is still modelling for a pressure which will have to be funded from the Adult and Communities budget and Council funding.

5.2.2 All new fees and charges and those increased above inflation will be presented for approval to the Policy and Resources Committee on 24 March 2015. All arrangement fees received will help off-set the costs of the increased numbers requiring care to be arranged.

5.2.3 New burdens money will be allocated to the Council in order to meet Care Act 2014 demand. The following table summarises the financial pressure, additional funding and unfunded financial pressure.

Forecasted Financial Pressure and Funding Summary (£k)								
	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23
Total Financial Pressure								
Financial Impact	3046	6607	5876	5265	7747	7226	6746	6428
Other costs	800	197	240	223	206	189	172	172
	3846	6804	6116	5488	7953	7415	6918	6600
Total Financial Pressure	3847	6805	6116	5488	7952	7415	6918	6601

Additional Funding Available								
Care Act 2014 Implementation Funding in BCF	-846	-846	-846	-846	-846	-846	-846	-846
New Burdens Grant	-1768	-3537	-3537	-3537	-3537	-3537	-3537	-3537
Total Additional Funding	-2614	-4383	-4383	-4383	-4383	-4383	-4383	-4383

Unfunded Financial Pressure								
Balance Financial Pressure and Additional Funding	1232	2421	1733	1105	3570	3032	2535	2217

5.2.4 Whilst remodelling the first point of contact aims to ensure that resourcing to meet the anticipated increase in demand can be contained within the delivery unit budgets augmented by the new burdens funding from the Department of Health, it can be seen from the table in 5.2.4 that significant unfunded financial pressure is forecast. The unfunded pressure is being accounted for in the budget setting process. The remodelled first point of contact service is also a key part of the delivery plan for a £2M saving in the medium term financial strategy for Adults and Communities in 2015/16.

5.2.5 The costs of the new National Eligibility Threshold and the costs of meeting the anticipated increase in demand for carer's services without charge whilst offset by the additional funding available also contribute towards the forecast unfunded financial pressure.

5.3 Legal and Constitutional References

5.3.1 The Care Act 2014 consolidates and replaces several different pieces of legislation into one legislative framework. It comes into force from 1 April 2015.

5.3.2 The Department of Health also issued the Care and Support Statutory Guidance on 23 October 2014, which all local authorities in England are required to follow.

5.3.3 The legislative references for assessment and eligibility are the Care Act 2014 Sections 9 to 13; the Care and Support (Assessment) Regulations 2014; the Care and Support (Eligibility Criteria) Regulations 2014 and the Care and Support Statutory Guidance.

5.3.4 The legislative references for charging people who pay the full cost of their care an arrangement fee (self-funders) are the Care Act 2014 Section 20 Condition 4; The Care and Support (Charging and Assessment of Resources) Regulations 2014 Section 2 Paragraph 5 and the Care and Support Statutory Guidance.

5.3.5 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution - Section 15 Responsibility for Functions (Annex A). Specific responsibilities 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.

5.3.6 As outlined in this section of the Constitution, the Adults and Safeguarding Committee is responsible for – and has delegated authority for – the following:

- 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.
- Ensuring that the local authority's safeguarding responsibilities is taken into account.
- To approve any non-statutory plan or strategy which falls within its remit, as outlined at 5.3.3.

5.4 Risk Management

5.4.1 Whilst the overall direction of the Care Act 2014 is positive for people receiving care and their carers, there are risks which centre on resources and the financial implications of implementing the Act. Risk management information is reported quarterly to the Care Act 2014 Programme Board which in turn feeds into the reports to the Strategic Commissioning Board and Committee.

5.5 Equalities and Diversity

5.5.1 On 1 October 2012, new provision 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 policy framework for equalities, offer's 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.

- 5.5.2 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 group 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.
- 5.5.3 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 its adult social care eligibility criteria.
- 5.5.4 An Equalities Impact Assessment has been undertaken on the implementation of the Assessment and Eligibility Policy for Adults in Need, the Assessment and Eligibility Policy for Carers and the Policy for Charging Arrangement Fees to people who pay the full cost of their care. The assessment is presented in a background document.

5.6 Consultation and Engagement

- 5.6.1 The main proposals contained within this report were subject to public consultation. Consultation questions primarily focussed on the areas of discretion which councils are required to consider exercising when implementing. Responses to the consultation are presented in a background document.

6. BACKGROUND PAPERS

- 6.1 Special Safeguarding Overview and Scrutiny Committee on 24 September 2012 received a report on the 3 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 \(1.1\)](#)
- 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 \(3.1\)](#)

- 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](#)
- 6.4 [Care and Support Bill Update \(1.1\)](#)
- 6.5 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 \(2.1\)](#)
- 6.6 The Adults and Safeguarding Committee received a report on the implementation of the Care Act on the 2 July 2014. [The Implementation of the Care Act](#)
- 6.7 The Adults and Safeguarding Committee received a report on the Consultation on the Statutory Guidance on the 31 July 2014. [Response to Consultation on the Care Act Guidance](#)
- 6.8 The Adults and Safeguarding Committee received a report on Implementing the Care Act on the 2 October 2014. [Implementation of the Care Act 2014.](#)
- 6.9 The Adults and Safeguarding Committee received a report on the Universal Deferred Payments scheme on 26 January 2015. [Implementation of the Care Act - Adult Social Care Deferred Payment Policy](#)
- 6.10 The Adults and Safeguarding Committee received a report setting out the service development challenges required in adult social care in order to respond to the challenges of increasing growth in demand, enhanced statutory duties and continued financial austerity on 26 January 2015. [The Implications of the Commissioning Plan and The Care Act 2014 for Adult Social Care in Barnet](#)
- 6.11 Responses to the Barnet Public Consultation on the Care Act 2014. [Responses to the Public Consultation](#)
- 6.12 Equalities Analysis (EqA) on local policies to support implementation of the Care Act 2014. [EqA on Local Care Act policies](#)
- 6.13 The Care Act received Royal Assent on 14 May. [The Care Act 2014](#)

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APPENDIX 1

Assessment & Eligibility Policy for Adults in need

London Borough of Barnet

POLICY COVER SHEET

POLICY NAME	Assessment and Eligibility (Adults in need) Policy		
Document Description	This document sets out Barnet Council's approach to carrying out assessments for adults in need and its eligibility policy pursuant to the Care Act 2015.		
Document Author 1) Team and 2) Officer and contact details	1) Business Improvement Team 2) Hema Parmar, hema.parmar@barnet.gov.uk		
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VERSION CONTROL

Version number	Date	Author	Reason for New Version
Draft 1	12 January 2015	Hema Parmar	Draft policy to set out duties under the Care Act 2015.
Draft 2	27 January 2015	Hema Parmar	Minor revisions to amend formatting aligned to corporate policy style guide.
Draft 3	16 Feb 2015	Dawn Wakeling	Comments on 1 st draft
Draft 4	23 Feb 2015	Hema Parmar	Draft incorporating DW & KM comments and making further revisions
Draft 5	3 March 2015	Hema Parmar	Final revisions incorporating MK comments.
Drafts 6 – 7	11 March 2015	Alan Mordue	Further revisions arising from clearance and proof reading.

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1. Introduction

The Care Act 2014 places a duty on local authorities to assess adults' needs for care and support and determine whether any of the needs are eligible for care and support. Barnet Council's policy is to meet those needs that meet the national eligibility criteria. This document sets out Barnet Council's approach to carrying out needs assessments and making eligibility determinations.

The Council's needs assessments will be person-centred, proportionate and will involve key individuals in addition to the adult concerned. This assessment will help people to understand the needs they have, how these impact on their wellbeing, the outcomes they wish to achieve and whether the provision of care and support could contribute to achieving those outcomes.

This assessment will form the basis of the eligibility determination i.e. whether a person's assessed needs are eligible for care and support and what could be done to meet those needs. This policy sets out the new national eligibility criteria which Barnet Council will apply when making this determination.

2. Key definitions and principles applicable to this policy

2.1 Adult

An adult means a person aged over 18.

2.2 Carer

A carer means an adult who provides or intends to provide care for another adult, however, an adult will not normally be regarded as a carer where care is being provided under a contract (e.g. for employment) or as part of voluntary work¹. A carer may be a relative or friend of the adult who may have care and support needs.

2.3 Assessments

A 'needs assessment' means the assessment in relation to an adult who may have needs for care and support.

A 'carer's assessment' means the assessment in relation to a carer who may have needs for support in relation to or as a result of their caring role.

¹ S10(3) Care Act 2014 subject to s10(9) and s10(10) Care Act 2014

2.4 Eligibility criteria

These are the conditions that must be satisfied when deciding whether care and support needs identified in the assessment must be met with the provision of care and support.

2.5 Wellbeing and key guiding principles

Wellbeing is defined in section 1 of the Care Act 2014. Promoting an individual's wellbeing is a core principle when undertaking assessments and making eligibility determinations. **'Wellbeing'** includes:

- (a) personal dignity (including treatment of the individual with respect),
- (b) physical and mental health and emotional wellbeing,
- (c) protection from abuse and neglect,
- (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided),
- (e) participation in work, education, training or recreation,
- (f) social and economic wellbeing,
- (g) domestic, family and personal relationships,
- (h) suitability of living accommodation and
- (i) the individual's contribution to society.

The **key principles**² in the Care Act to which the Council will have regard when carrying out assessments and making eligibility determinations are set below:

- (a) the importance of beginning with the assumption that the individual is best-placed to judge the individual's well-being;
- (b) the individual's views, wishes, feelings and beliefs;
- (c) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist;

² Section 1(3) Care Act 2014

- (d) the need to ensure that decisions about the individual are made having regard to all the individual's circumstances (and are not based only on the individual's age or appearance or any condition of the individual's or aspect of the individual's behaviour which might lead others to make unjustified assumptions about the individual's well-being);
- (e) the importance of the individual participating as fully as possible;
- (f) the importance of achieving a balance between the individual's well-being and that of any friends or relatives who are involved in caring for the individual;
- (g) the need to protect people from abuse and neglect;
- (h) the need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary for achieving the purpose for which the function is being exercised.

3. Legal framework

This policy is written in accordance with the statutory framework and guidance. The relevant provisions are set out in **Appendix 1** of this document.

The duty to assess is triggered by appearance of need for care and support regardless of the level of those needs or the adult's financial resources.

The eligibility criteria are defined in the Care and Support (Eligibility Criteria) Regulations 2014.

The general duty to promote an individual's wellbeing will apply when discharging all care and support functions.

4. Assessing adults in need

4.1. When an assessment will be carried out

Where it appears that an adult may have needs for care and support, the Council will assess whether the adult does have needs for care and support and if so, what those needs are. This is regardless of the level of those needs or an adult's financial resources.

4.2. Purpose of assessment

The purpose of the 'needs assessment' is to identify needs and assess:

- (a) The impact of the adult's needs for care and support on their wellbeing,
- (b) The outcomes that the adult wishes to achieve in day to day life, and

- (c) Whether and to what extent the provision of care and support could contribute to the achievement of those outcomes.

The Council's aim is to gain a full picture of an individual's needs so that an appropriate response at the right time can be provided, which may range from provision of information and advice to arranging services to meet eligible needs.

The Council will therefore seek to establish the total extent of needs and take a holistic view of the adult's needs considering their strengths as well as other support that might be available in the community to meet needs. The assessment will capture all care and support needs, including any care and support being provided by a carer. Consideration will also be given as to how the adult, their support network and the wider community can contribute towards meeting the outcomes the adult wishes to achieve.

4.3. Who will be involved in the assessment

The assessment will involve:

- (a) the adult,
- (b) any carer the adult has,
- (c) any person whom the adult asks the Council to involve or where the adult lacks the capacity to ask the Council to do that, any person who appears to the Council to be interested in the adult's welfare,
- (d) an independent advocate where the adult has substantial difficulty in being involved in the assessment process³,
- (e) an Independent Mental Capacity Advocate where the adult lacks capacity⁴.

4.4. Method of assessment

The assessment method will be tailored to the circumstances, needs and wishes of the individual so that the most appropriate and proportionate method is selected. The Council recognises that the individual is best placed to understand the impact of their condition(s) on their outcomes and wellbeing and it will ensure that the individual is able to participate in the assessment process as effectively as possible.

³ The Care and Support (Independent Advocacy) Regulations 2014

⁴ Mental Capacity Act 2005

When deciding on the most appropriate method of assessment the Council will have regard to the adult's wishes and preferences, their desired outcomes from the assessment and the severity and overall extent of the adult's needs⁵. For example, an individual with more complex needs will require a more detailed assessment involving appropriate professionals, whereas a person with less complex needs may require a less intensive response.

The Council will take into account relevant history to get a complete picture of an individual's needs in those cases where the individual's needs fluctuate over time. This is to ensure that the assessment properly establishes the individual's needs.

The method of assessment could include but is not limited to:

- A face to face assessment between the adult and assessor;
- A supported self-assessment (using the same materials used for a face to face assessment but completed by the adult and assured by the local authority as an accurate reflection of the adults' needs by consulting relevant professionals or people who know the adult with their consent);
- An online or phone assessment (for less complex cases or where the adult is already known to Barnet Council and there is a change in needs or circumstances);
- A joint or integrated assessment involving relevant professionals from relevant agencies or organisations to bring together all of the individual's needs and avoid multiple assessments (for example, where shared expertise is required);
- A combined assessment (for example combining an adult's assessment with a carer's assessment so that interrelated needs are properly captured and the process is as efficient as possible).

4.5. Information about the assessment process

From the very first contact with the Council, the individual being assessed will be provided with as much information as possible about the assessment process in a suitable accessible format. This will include a list of topics, subjects or questions that will be covered in the assessment and details of what can be expected during the assessment process with regard to:

- format
- timescales
- complaints process

⁵ Regulation 3 of the Care and Support (Assessment) Regulations 2014

- access to independent advocacy

This will enable adults to prepare for the assessment and really consider what their needs are and the outcomes they seek to achieve. For adults with severe communication needs (for example, adults with profound and multiple learning disabilities, autistic spectrum disorder or those who are deaf or blind) the Council will ensure this information is in a suitable accessible format or that support is available to enable such adults to engage in the assessment process.

4.6. Who will carry out the assessment?

Appropriately trained assessors with the right skills, knowledge and competence will carry out needs assessments. Assessors will ensure that the assessment process identifies the person's needs, their desired outcomes and how they impact on their wellbeing. They will also consider and advise on what universal services might help improve their wellbeing.

For particularly complex cases involving multiple needs, an assessor may require the support of another expert (s) to carry out the assessment. Another expert may need to be consulted if the assessor does not have the required level of expertise with regard to particular conditions, for example, autism or mental health. This will be decided on a case by case basis taking into account the particular condition and complexity of needs of the individual. If it is decided that another expert is required, this expert may be consulted, before or during the assessment.

4.7. Specialist assessments for individuals who are deafblind

If an assessment relates to an individual who is deafblind, a specialist assessment will be carried out by an assessor who has had specific training and expertise in this regard⁶. 'Deafblind' means where an individual has combined sight and hearing impairment which causes difficulties with communication, access to information and mobility. This will include people with a progressive sight and hearing loss⁷. The type and degree of specialism will be determined on a case by case basis according to the extent of the condition and communication needs. The Council will ensure that the assessor has any relevant information it has about the individual being assessed.

Where the assessor identifies there is a risk of the deafblindness deteriorating, the assessor in considering future needs as well as current needs may advise on alternative forms of communication before the condition deteriorates to the extent that the current form of communication is no longer suitable.

⁶ The assessor will have training of at least QCF or OCN level 3, or above where the person has more complex needs

⁷ Care and support for deafblind children and adults policy guidance, December 2014 and Think Dual Sensory, Department of Health, 1995

In any event the assessor will ensure that the person being assessed is involved as far as possible and their needs, outcomes and impact of needs on their wellbeing are accurately identified.

Where a person has a condition affecting communication, such as autism, blindness or deafness the assessor will make arrangements for the provision of an interpreter if appropriate. A family member or family carer will only be used as an interpreter in such circumstances if it is considered appropriate by the assessor and any relevant experts or professionals.

Where the adult being assessed lacks capacity an independent interpreter will be used unless it is considered appropriate and in the adult's best interest for a family member or family carer to be used. Where assessments are delegated to another person, body or organisation, the Council will ensure that assessment requirements are met in compliance with the Care Act 2014, relevant Regulations and Guidance.

4.8. Independent advocacy

The Council will arrange for an independent advocate to facilitate the involvement of the adult being assessed where two criteria are met:

- The adult would have substantial difficulty in being fully involved in the assessment, and
- There is no appropriate individual available to support and represent the adult's wishes who is not paid or professionally engaged in providing care or treatment to the adult or their carer.

In determining whether a person has a substantial difficulty in being involved with the assessment, care planning or care review processes, the Council will consider the following four criteria:

- Whether the individual understands relevant information;
- Whether the individual is able to retain information;
- Whether the individual is able to weigh up information, in order to fully participate fully and express preferences for or choose options; (for example weighing up advantages and disadvantages of moving into a care home);
- The individual's ability to communicate their views, wishes and feelings.

4.9. Supported self-assessments

This is an assessment carried out jointly by the adult with care and support needs and the Council. The adult's wish to have a supported self-assessment and whether

he or she has the capacity⁸ to do so will be ascertained at the outset by the Council. If the adult does wish to have a supported self-assessment and does have capacity the Council will carry out a supported self-assessment, provide relevant information and an independent advocate or specialist (for example, for someone who is deafblind) as appropriate.

4.10. Refusal of assessment

Where an adult refuses an assessment the Council will not carry out an assessment unless the following circumstances apply:

- The adult lacks capacity to refuse the assessment and carrying out the assessment would be in their best interest;
- The adult is experiencing, or is at risk of, abuse or neglect;

Where an adult refuses an assessment but subsequently requests one, the Council will carry out an assessment.

Where an assessment has been refused by the adult and the Council establishes that the adult's needs or circumstances have changed, a further offer to carry out an assessment will be made. If the adult continues to refuse, the Council will not carry out an assessment unless the adult concerned lacks capacity to refuse the assessment and carrying out the assessment would be in their best interest or the adult is experiencing, or is at risk of, abuse or neglect.

4.11. Safeguarding concerns

When carrying out an assessment and considering the impact of the adult's needs on their wellbeing, if it appears that the adult is experiencing or is at risk of, abuse or neglect, the Council will carry out a safeguarding enquiry. The Council will decide with the adult in question what action, if any, is necessary and by whom. Barnet Council follows the London-wide multi-agency safeguarding adult procedures (reference) and will continue to follow these in their revised form following April 2015.

4.12. Record of assessment

Following an assessment, the adult to whom the assessment relates, will be given a record of their needs assessment. A copy will also be shared with a carer or anyone else with whom the adult requests the Council share a copy with. Where an independent advocate, Independent Mental Capacity Advocate or independent Mental Health Advocate is involved in supporting the individual, the Council *will* keep them informed to enable them to support the individual in understanding the outcome of the assessment and the implications.

⁸ A reference to having or lacking capacity is to be interpreted in accordance with the Mental Capacity Act 2005:Section 80(2) Care Act 2014

4.13. NHS continuing healthcare

Where it appears to the Council whilst carrying out a needs assessment that the adult being assessed may be eligible for NHS continuing healthcare, the Council will make a referral to the relevant NHS Commissioner (such as NHS England or NHS clinical commissioning group) that has responsibility for that person⁹.

5. Eligibility

5.1. The national eligibility criteria

On the basis of the assessment, Barnet Council will determine whether the identified care and support needs for adults meet the eligibility criteria. The Council will apply the **national eligibility criteria** to determine this. The national eligibility criteria in the Care and Support (Eligibility Criteria) Regulations 2014 are set out in paragraph 5.2 below. Eligibility will not be determined until an assessment has been completed, unless the adult or carer has urgent needs.

5.2. The 3 conditions of the national eligibility criteria:

An adult's needs will meet the eligibility criteria if the 3 conditions below are met:

- (a) The adult's needs arise from or are related to a physical or mental impairment or illness;
- (b) As a result of the adult's needs the adult is unable to achieve two or more of the specified outcomes in paragraph 5.5 below; and
- (c) As a consequence there is, or is likely to be a significant impact on the adult's wellbeing.

5.3. Physical or mental impairment or illness

The first condition is that an adult's needs arise from a physical or mental impairment or illness. The Council will therefore consider at this stage whether the adult has a condition as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuses or brain injury.

5.4. Unable to achieve

The second condition is that the Council must consider whether the adult is 'unable to achieve' two or more of the outcomes defined in Regulation 2 of the Care and Support (Eligibility Criteria) Regulations 2014. An adult will be deemed unable to achieve an outcome where he or she:

⁹ NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

- (a) Is unable to achieve it without assistance;
- (b) Is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- (c) Is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; *or*
- (d) Is able to achieve it without assistance but takes significantly longer than would normally be expected.

5.5. Specified outcomes

The range of outcomes are set out in Regulation 2 of the Care and Support (Eligibility Criteria) Regulations 2014. To be eligible, an assessor would need to determine that the adult was unable to achieve two or more of these outcomes:

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

5.6. Significant impact on wellbeing

The third condition that must be satisfied is that as a result of the adult's needs and being unable to achieve two or more of the outcomes in paragraph 5.5 above, there is, or is likely to be a significant impact on the adult's wellbeing. The meaning of wellbeing is set out in paragraph 2.5 above. The Council will consider whether the effect of being unable to achieve two or more of the above outcomes significantly impacts the adult's wellbeing.

'Significant' is not defined in the Care Act and will, therefore, be understood to have its ordinary meaning. The Council will consider whether the adult's needs and their

consequent inability to achieve two or more outcomes will have an important, consequential effect on their daily lives, their independence and wellbeing.

The Council recognises that needs may affect people differently because what may be important to one person's wellbeing may not be the same for another. It follows that circumstances which create a significant impact on the wellbeing of one person may not have the same impact on another. Every case will be considered individually.

5.7. Fluctuating needs

Where an adult has fluctuating needs, the Council will take into account the adult's circumstances over the relevant period in order to accurately establish the adult's level of need, taking into account any fluctuation, when determining whether the eligibility criteria are met.

5.8. Needs met by carers

The eligibility determination will be based solely on an adult's needs and how these impact on their wellbeing. Where an adult has a carer, the care they are providing will be recorded in the assessment and taken into account when considering whether the needs must be met. Following the eligibility determination the Council will consider what needs may be met by the carer in developing the care and support plan. Where needs met by carers are identified as eligible needs and the caring relationship subsequently breaks down, the Council will meet eligible needs without further assessment unless those needs have changed.

5.9. Record of eligibility determination

The Council will give the adult concerned a written record of the eligibility determination and the reasons for it.

5.10. Next steps following eligibility determination

Where any needs for care and support meet the eligibility criteria the Council will then take the following 3 steps:

- (a) *consider what could be done to meet those eligible needs:* this means the Council will consider potential support options and whether they may fall within the Council's contributions policy. How needs should be met will be determined by the care and support planning process.
- (b) *ascertain whether the adult wants Barnet Council to meet those needs or whether they wish to arrange alternative services to meet some or all of those needs, and*

- (c) *establish where the adult is ordinarily resident*: Barnet Council will be responsible for meeting eligible needs for care and support of adults who are ordinarily resident in Barnet (see paragraph 5.11 below).

5.11. How to determine an adult's ordinary residence

Ordinary residence is a concept used to determine which local authority is responsible for meeting eligible needs. It is not defined in the Care Act and is to be given its ordinary and natural meaning. 'Ordinarily resident' as defined in a leading case¹⁰ is still applicable and refers to a person's abode in a particular place or country adopted voluntarily and for settled purposes, whether for a short or long duration. Ordinary residence can be acquired as soon as a person moves to an area, if their move is voluntary and for settled purpose, irrespective of whether they own, or have an interest in a property in another local authority area.

In broad terms, where an adult is living in Barnet voluntarily and for settled purposes, whether for short or long duration, he or she will be ordinarily resident in Barnet. There are detailed provisions in the Care Act 2014 and the relevant Regulations (see Appendix 1 below) including when the deeming provisions apply, however, these are outside the scope of this policy.

Where a person lacks capacity to decide where to live, a best interest decision about their accommodation will be made under the Mental Capacity Act 2005.

5.12. Information, advice and preventative services for non-eligible needs

Where an individual does not have eligible needs the Council will provide written advice and information about what can be done to meet or reduce the existing needs or, what can be done to prevent or delay the development of needs for care and support for adults in the future. For further information see the Council's policies on Prevention and Information, Advice and Advocacy.

6. Equality Impact Assessment

This Assessment and Eligibility (Adults in Need) Policy is one of a number of policies flowing from the Care Act 2014. The Equalities Impact Assessment in respect of these policies can be found here: [EqA on Local Care Act policies.](#)

¹⁰ Shah v London Borough of Barnet (1983)

7. Related Policies and Strategies

- Information, Advice and Advocacy Policy and Strategy
- Prevention Policy and Strategy
- Assessment and Eligibility (Carers) Policy
- Fairer Contributions Policy

8. Policy Status and Transition arrangements

This Assessment and Eligibility (Adults in Need) Policy will apply when the relevant commencement order brings into force relevant statutory provisions. It is intended that this commencement order will be made in April 2015.

A person assessed under the previous legislation will not necessarily be required to be re-assessed when the new duties come into force in April 2015 unless it is identified (through a review or otherwise) that a person's needs or circumstances have changed, in which case an assessment in line with the Care Act 2014 will be undertaken.

9. Review

This Assessment and Eligibility (Adults in Need) Policy will be reviewed annually or earlier as required by policy or legislation changes. Any major changes to this policy will be subject to consultation.

10. Contact Information / Further Guidance

Further advice and guidance is available from the Prevention and Wellbeing Team via email on preventionandwellbeing@barnet.gov.uk

Barnet Social Care Connect: <https://www.barnet.gov.uk/citizen-home/adult-social-care/social-care-connect>

Barnet Social Care Direct can be contacted via telephone on 0208 359 5000.

Appendix 1

Subject Area	Statutory framework	Regulations	Guidance
Wellbeing	Care Act 2014 Section 1		Care and Support Statutory Guidance issued under the Care Act 2014: Chapter 1: Promoting wellbeing
Assessment	Care Act 2014 Sections: 9-12	The Care and Support (Assessment) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014: Chapter 6: Assessment and eligibility
Eligibility	Care Act 2014 Section 13	The Care and Support (Eligibility Criteria) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014: Chapter 6: Assessment and eligibility
Ordinary Residence	Care Act 2014 Section 39-41	The Care and Support (Ordinary Residence) (Specified Accommodation) Regulations 2014 The Care and Support (Disputes Between Local Authorities) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014: Chapter 19: Ordinary residence Annex H (Ordinary residence)
Independent Advocacy	Care Act 2014 Section 67-68	The Care and Support (Independent Advocacy) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014: Chapter 7: Independent Advocacy

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APPENDIX 2

Assessment & Eligibility Policy for Carers

London Borough of Barnet

POLICY COVER SHEET

POLICY NAME	Assessment and Eligibility (Carers) Policy		
Document Description	This document sets out Barnet Council's approach to carrying out assessments for Carers and its policy on eligibility pursuant to the Care Act 2015.		
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VERSION CONTROL

Version number	Date	Author	Reason for New Version
Draft 1	12 January 2015	Hema Parmar	Draft policy to set out duties under the Care Act 2015.
Draft 2	27 January 2015	Hema Parmar	Minor revisions to amend formatting aligned to corporate policy style guide.
Draft 3	23 Feb 2015	Hema Parmar	Draft incorporating DW & KM comments and making further revisions
Draft 4	3 March 2015	Hema Parmar	Final revisions incorporating MK comments.
Drafts 6 - 7	11 March 2015	Alan Mordue	Further revisions arising from clearance and proof reading.

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1. Introduction

The Care Act 2014 places a duty on local authorities to assess carers' needs for support and determine whether those needs are eligible for support services. Barnet Council's policy is to meet those needs that meet the national eligibility criteria. This document sets out Barnet Council's approach to carrying out carer's assessments and making eligibility determinations.

The Council's carer's assessment will be person-centred, proportionate and will involve key individuals in addition to the carer concerned. This assessment will help people to understand the needs they have, how these impact on their wellbeing, the outcomes they wish to achieve and whether the provision of support could contribute to achieving those outcomes.

This assessment will form the basis of the eligibility determination i.e. whether a carer's needs are eligible for support and what could be done to meet those needs. This policy sets out the new national eligibility criteria which Barnet Council will apply.

2. Key definitions and principles applicable to this policy

2.1. Adult

An adult means a person aged over 18.

2.2. Carer

A carer means an adult who provides or intends to provide care for another adult, however, an adult will not normally be regarded as a carer where care is being provided under a contract (e.g. for employment) or as part of voluntary work¹. A carer may be a relative or friend of the adult who may have care and support needs.

2.3. Assessments

A 'needs assessment' means the assessment in relation to an adult who may have needs for care and support.

A 'carer's assessment' means the assessment in relation to a carer who may have needs for support in relation to their caring role.

2.4. Eligibility criteria

These are the conditions that must be satisfied when deciding whether support needs identified in the carer's assessment must be met with the provision of support.

¹ S10(3) Care Act 2014 subject to s10(9) and s10(10) Care Act 2014

2.5. Wellbeing and key guiding principles

Wellbeing is defined in section 1 of the Care Act 2014. Promoting an individual's wellbeing is a core principle when undertaking assessments and making eligibility determinations. **'Wellbeing'** includes:

- (a) personal dignity (including treatment of the individual with respect),
- (b) physical and mental health and emotional wellbeing,
- (c) protection from abuse and neglect,
- (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided),
- (e) participation in work, education, training or recreation,
- (f) social and economic wellbeing,
- (g) domestic, family and personal relationships,
- (h) suitability of living accommodation and
- (i) the individual's contribution to society.

The **key principles**² in the Care Act to which the Council will have regard when carrying out assessments and making eligibility determinations are set below:

- (a) the importance of beginning with the assumption that the individual is best-placed to judge the individual's well-being;
- (b) the individual's views, wishes, feelings and beliefs;
- (c) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist;
- (d) the need to ensure that decisions about the individual are made having regard to all the individual's circumstances (and are not based only on the individual's age or appearance or any condition of the individual's or aspect of the individual's behaviour which might lead others to make unjustified assumptions about the individual's well-being);
- (e) the importance of the individual participating as fully as possible;
- (f) the importance of achieving a balance between the individual's well-being and that of any friends or relatives who are involved in caring for the individual;
- (g) the need to protect people from abuse and neglect;

² Section 1(3) Care Act 2014

- (h) the need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary for achieving the purpose for which the function is being exercised.

3. Legal framework

This policy is written in accordance with the statutory framework and guidance. The relevant provisions are set out in **Appendix 1** of this document.

The duty to assess is triggered by appearance of need for support regardless of the level of those needs or the financial resources of the carer or the adult needing care.

The eligibility criteria are defined in the Care and Support (Eligibility Criteria) Regulations 2014.

The general duty to promote an individual's wellbeing will apply when discharging all support functions in respect of a carer.

4. Assessing carers

4.1. When an assessment will be carried out

Where it appears that a carer may have needs for support, the Council will assess whether the carer does have needs for support or is likely to have support needs in the future, and if so, what those needs are or are likely to be in the future. This is regardless of the level of those needs or the financial resources of the carer or of those of the adult needing care.

4.2. Purpose of assessment

The purpose of the 'carer's assessment' is to identify needs and assess:

- (a) Whether the carer is able, and is likely to continue to be able, to provide for the adult needing care,
- (b) Whether the carer is willing, and is likely to continue to be willing, to do so
- (c) The impact of the carer's needs for support on their *wellbeing*,
- (d) The outcomes that the carer wishes to achieve in day-to-day life, and
- (e) Whether and to what extent the provision of support could contribute to the achievement of those outcomes.

The Council's aim is to gain a full picture of a carer's needs so that an appropriate response at the right time, which may range from provision of information and advice to arranging services to meet eligible needs.

When carrying out the assessment the Council will consider whether the carer works or wishes to do so and also whether the carer is participating in or wishes to

participate in education, training or recreation activities (such as having time to themselves) and how these are impacted by their caring responsibilities.

The Council will seek to establish the total extent of the carer's needs for support both now and in the future by assessing the sustainability of the caring role, (i.e. the ability and willingness to provide practical and emotional care and support to an adult) and the carer's potential future needs for support. This will take into account the outcomes the carer wants to achieve in their daily life, their activities beyond their caring responsibilities and the impact of caring upon those activities.

Consideration will also be given as to whether the carer would benefit from any preventative services or information and advice or anything else that might be available in the community.

4.3. Who will be involved in the assessment

The assessment will involve:

- (a) the carer, and
- (b) any person whom the carer asks the Council to involve.

4.4. Method of assessment

The assessment method will be tailored to the circumstances, needs and wishes of the individual so that the most appropriate and proportionate method is selected. The Council will have regard to the carer's wishes and preferences and their desired outcomes from the assessment as well as the severity or complexity of the circumstances.

The Council will take into account relevant history to get a complete picture of an individual's needs in those cases where the individual's needs fluctuate over time and this has a corresponding impact on the carer's support needs. This is to ensure that the assessment properly establishes whether the carer has needs for support or is likely to do so in the future and if the carer does, what those support needs are or are likely to be in the future.

The method of assessment could include but is not limited to:

- A face to face assessment between the adult and assessor;
- A supported self-assessment (using the same materials used for a face to face assessment but completed by the carer and assured by the local authority as an accurate reflection of the carers' needs by consulting relevant professionals or people who know the carer with their consent);
- An online or phone assessment (for less complex cases or where the carer is already known to Barnet Council and there is a change in needs or circumstances);

- A joint or integrated assessment involving relevant professionals from relevant agencies or organisations to bring together all of the individual's needs and avoid multiple assessments (for example, where shared expertise is required)
- A combined assessment (for example combining an adult's assessment with a carer's assessment so that interrelated needs are properly captured and the process is as efficient as possible);

4.5. Information about the assessment process

From the very first contact with the Council, the individual being assessed will be provided with as much information as possible about the assessment process in a suitable accessible format. This will include a list of topics, subjects or questions that will be covered in the assessment and details of what can be expected during the assessment process with regard to:

- format
- timescales
- complaints process
- access to independent advocacy

This will enable carers to consider what their needs are and the outcomes they seek to achieve.

4.6. Who will carry out the assessment?

Appropriately trained assessors with the right skills, knowledge and competence will carry out carer's assessments. Assessors will ensure that the assessment process identifies the carer's needs, their desired outcomes and how they impact on their wellbeing. They will also consider and advise on what universal services might help improve their wellbeing.

Where a combined assessment of the adult in need and carer is appropriate and the circumstances are particularly complex involving multiple needs, the assessors may require the support of another expert to carry out the assessment. Another expert may need to be consulted if the assessor does not have the required level of expertise with regard to particular conditions, for example, autism or mental health. This will be decided on a case by case basis taking into account the particular condition and complexity of needs of the individual. If it is decided that another expert is required, this expert may be consulted, before or during the assessment.

4.7. Specialist assessments for individuals who are deafblind

If an assessment relates to an adult who is deafblind, a specialist assessment will be carried out by an assessor who has had specific training and expertise in this

regard³. Deafblind means where an individual has combined sight and hearing impairment which causes difficulties with communication, access to information and mobility. This will include people with a progressive sight and hearing loss⁴. The type and degree of specialism will be determined on a case by case basis according to the extent of the condition and communication needs. The Council will ensure that the assessor has any relevant information it has about the carer being assessed as well as the adult or child needing care.

Where the assessor identifies there is a risk of an adult's deafblindness deteriorating, the assessor in considering current and future needs of the carer may advise on alternative forms of communication before the adult's condition deteriorates to the extent that the current form of communication is no longer suitable.

Where assessments are delegated to another person, body or organisation, the Council will ensure that assessment requirements are met in compliance with the Care Act 2014, relevant Regulations and Guidance.

4.8. Independent advocacy

The Council will arrange for an independent advocate to facilitate the involvement of the adult being assessed where two criteria are met:

- The adult would have substantial difficulty in being fully involved in the assessment, and
- There is no appropriate individual available to support and represent the adult's wishes who is not paid or professionally engaged in providing care or treatment to the adult or their carer.

In determining whether a person has a substantial difficulty in being involved with the assessment, care planning or care review processes, the Council will consider the following four criteria:

- Whether the individual understands relevant information;
- Whether the individual is able to retain information;
- Whether the individual is able to weigh up information, in order to fully participate fully and express preferences for or choose options; (for example weighing up advantages and disadvantages of moving into a care home);
- The individual's ability to communicate their views, wishes and feelings.

³ The assessor will have training of at least QCF or OCN level 3, or above where the person has more complex needs.

⁴ Care and support for deafblind children and adults policy guidance, December 2014 and Think Dual Sensory, Department of Health, 1995

4.9. Supported self-assessments

This is an assessment carried out jointly by the carer with support needs and the Council. The carer's wish to have a supported self-assessment and whether they have the capacity⁵ to do so will be ascertained at the outset by the Council. If the carer does wish to have a supported self-assessment and does have capacity the Council will carry out a supported self-assessment, provide relevant information and an independent advocate or specialist (for example, for someone who is deafblind) as appropriate.

4.10. Refusal of assessment

Where a carer refuses an assessment the Council will not carry out an assessment.

Where a carer refuses an assessment but subsequently requests one, the Council will carry out an assessment.

Where a carer refuses an assessment and the Council is concerned that the needs or circumstances of the carer or the adult needing care have changed, a further offer to carry out an assessment will be made. If the carer continues to refuse, the Council will not carry out an assessment.

4.11. Safeguarding concerns

When carrying out a carer's assessment the Council will consider the impact of the needs on their wellbeing. If it appears that the adult or carer is experiencing or is at risk of, abuse or neglect, the Council will carry out a safeguarding enquiry. The Council will decide with the adult in question what action, if any, is necessary and by whom. Barnet Council follows the London-wide multi-agency safeguarding adult procedures (reference) and will continue to follow these in their revised form following April 2015.

4.12. Record of assessment

Following an assessment, the carer will be given a record of their carer's assessment. A copy will also be shared with the adult needing care or anyone else with whom the carer requests the Council share a copy with. Where an independent advocate, Independent Mental Capacity Advocate or independent Mental Health Advocate is involved in supporting an adult, the Council will keep them informed to enable them to support the adult in understanding the outcome of the carer's assessment and the implications, with the carer's permission.

4.13. NHS continuing healthcare

Where it appears to the Council whilst carrying out a carer's assessment that the person being cared for by the carer may be eligible for NHS continuing healthcare,

5 A reference to having or lacking capacity is to be interpreted in accordance with the Mental Capacity Act 2005:Section 80(2) Care Act 2014

the Council will make a referral (with the agreement of the adult being cared for) to the relevant NHS Commissioner (such as NHS England or NHS clinical commissioning group) that has responsibility for that person⁶.

5. Eligibility

5.1. The national eligibility criteria

On the basis of the assessment, Barnet Council will determine whether the identified support needs for carers meet the eligibility criteria. The Council will apply the **national eligibility criteria** to determine this. The national eligibility criteria in the Care and Support (Eligibility Criteria) Regulations 2014 are set out in paragraph 5.2 below. Eligibility will not be determined until an assessment has been completed, unless carer has urgent needs.

5.2. The 3 conditions of the national eligibility criteria:

A carer's needs meet the eligibility criteria if the 3 conditions below are met:

- (a) The needs arise as a consequence of providing necessary care for an adult;
- (b) The carer's physical or mental health is deteriorating or is at risk of doing so or the carer is unable to achieve any of the outcomes specified in paragraph 5.5 below; and
- (c) As a consequence there is, or is likely to be a significant impact on the carer's wellbeing.

5.3. Needs arise as a consequence of providing necessary care for an adult

The first condition that must be satisfied is that the carer's needs arise as a consequence of providing 'necessary' care for an adult. If the adult is capable of meeting such care and support needs themselves, the carer may not be providing 'necessary' care and support. Carers can be eligible for support whether or not the adult for whom they care has eligible care and support needs. The eligibility determination will be based on the carer's needs and how they impact on their wellbeing.

5.4. Deteriorating physical or mental health or 'unable to achieve' specified outcomes

The second condition that must be satisfied is that the carer's physical or mental health is deteriorating or is at risk of doing so or the carer is 'unable to achieve' any of the outcomes specified in paragraph 5.5 below. As defined in Regulation 3 of the Care and Support (Eligibility Criteria) Regulations 2014, a carer will be deemed unable to achieve an outcome if the carer:

⁶ NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

- (a) Is unable to achieve it without assistance;
- (b) Is able to achieve it without assistance but doing so causes the carer significant pain, distress or anxiety;
- (c) Is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

5.5. Specified outcomes

These are set out in Regulation 3 of the Care and Support (Eligibility Criteria) Regulations 2014. To be eligible for support, the assessment would need to determine that the carer's physical or mental health, is or is at risk of deteriorating or the carer was unable to achieve any of the following outcomes:

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

5.6. Significant impact on wellbeing

The third condition that must be satisfied is that there is or is likely to be a significant impact on the carer's wellbeing as a consequence of needs arising due to provision of necessary care for an adult and either the carer's physical or mental health is or is at risk of deteriorating, or the carer is unable to achieve any of the outcomes in paragraph 5.5 above. The meaning of wellbeing is set out in paragraph 2.5 above. The Council will consider whether the carer's needs and their inability to achieve the outcomes in paragraph 5.5 above present a significant impact on their wellbeing.

'Significant' is not defined in the Care Act and will, therefore, be understood to have its ordinary meaning. The Council will consider whether the carer's needs, their deteriorating physical or mental health (or risk of) or their inability to achieve any of the outcomes will have an important, consequential effect on their daily lives, their independence and wellbeing.

The Council recognises that needs may affect people differently because what may be important to one person's wellbeing may not be the same for another. It follows

that circumstances which create a significant impact on the wellbeing of one person may not have the same impact on another. Every case will be considered individually and the Council will consider the carer's needs in the context of what is important to them.

5.7. Fluctuating needs

Needs may not be apparent at the time of the assessment but may have arisen in the past and may arise again in the future. For carers with fluctuating needs, the Council will take into account the individual's circumstances over the relevant period. This will enable the Council to accurately establish the carer's level of need when determining whether the eligibility criteria are met. For example, the Council will consider changes to an adult in need's mental illness. Irrespective of any fluctuating needs of the adult in need, the Council will also recognise that a carer's needs may also fluctuate, for example, a carer may not have the same level of need during term time as during school holidays. Fluctuating needs will be factored into the assessment and any resulting support plan.

5.8. Record of Eligibility determination

The Council will give the carer being assessed a written record of the eligibility determination and the reasons for it.

5.9. Next steps following eligibility determination

Where any needs for support meet the eligibility criteria the Council will then take the following 2 steps:

- (a) *consider what could be done to meet those eligible needs*: this means the Council will consider potential support options and whether they may fall within the Council's contributions policy. How needs should be met will be determined by the support planning process.
- (b) *establish where the adult needing care is ordinarily resident*: Barnet Council will be responsible for meeting eligible needs of carers where the *adult* they are caring for is ordinarily resident in Barnet (see paragraph 5.10 below).

5.10. How to determine an adult's ordinary residence

Ordinary residence is a concept used to determine which local authority is responsible for meeting eligible needs. It is not defined in the Care Act and is to be given its ordinary and natural meaning. 'Ordinarily resident' as defined in a leading case⁷ is still applicable and refers to a person's abode in a particular place or country adopted voluntarily and for settled purposes, whether for a short or long duration. Ordinary residence can be acquired as soon as a person moves to an area, if their

⁷ Shah v London Borough of Barnet (1983)

move is voluntary and for settled purpose, irrespective of whether they own, or have an interest in a property in another local authority area.

In broad terms, where an adult is living in Barnet voluntarily and for settled purposes, whether for short or long duration, he or she will be ordinarily resident in Barnet. There are detailed provisions in the Care Act 2014 and the relevant Regulations (see Appendix 1 below) including when the deeming provisions apply, however, these are outside the scope of this policy.

Where a person lacks capacity to decide where to live, a best interest decision about their accommodation should be made under the Mental Capacity Act 2005.

5.11. Information, advice and preventative services for non-eligible needs

Where an individual does not have eligible needs the Council will provide written advice and information about what can be done to meet or reduce the existing needs or, what can be done to prevent or delay the development of support needs for carers in the future.

6. Equality Impact Assessment

This Assessment and Eligibility (Carers) Policy is one of a number of policies flowing from the Care Act 2014. The Equalities Impact Assessment in respect of these policies can be found here: [EqA on Local Care Act policies](#).

7. Related Policies and Strategies

- Information, Advice and Advocacy Policy and Strategy
- Prevention Policy and Strategy
- Assessment and Eligibility (Carers) Policy
- Fairer Contributions Policy

8. Policy Status and Transition arrangements

This Assessment and Eligibility (Carers) Policy will apply when the relevant commencement order brings into force relevant statutory provisions. It is intended that this commencement order will be made in April 2015.

A carer assessed under the previous legislation will not necessarily be required to be re-assessed when the new duties come into force in April 2015 unless it is identified (through a review or otherwise) that the needs or circumstances of the carer or the adult they care for have changed, in which case an assessment for both the adult and the carer in line with the Care Act 2014 will be undertaken.

9. Review

This Assessment and Eligibility (Carer) Policy will be reviewed annually or earlier as required by policy or legislation changes. Any major changes to this policy will be subject to consultation.

10. Contact Information / Further Guidance


Further advice and guidance is available from the Prevention and Wellbeing Team via email on preventionandwellbeing@barnet.gov.uk

Barnet Social Care Connect: <https://www.barnet.gov.uk/citizen-home/adult-social-care/social-care-connect>

Barnet Social Care Direct can be contacted via telephone on 0208 359 5000.

Appendix 1

Subject Area	Statutory framework	Regulations	Guidance
Wellbeing	Care Act 2014 Section 1		Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 1: Promoting wellbeing
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Independent Advocacy	Care Act 2014 Section 67-68	The Care and Support (Independent Advocacy) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 7: Independent Advocacy

	AGENDA ITEM 10 Adults and Safeguarding Committee 19 March 2015
Title	Implementing the Care Act 2014: Market Shaping; Provider Failure
Report of	Dawn Wakeling (Adult and Health Commissioning Director) Mathew Kendall (Adults and Communities Director)
Wards	All
Status	Public
Enclosures	Appendix 1 - Provider Failure Policy
Officer Contact Details	Rodney D'Costa, Head of Joint Commissioning, Adults and Communities, 020 8359 4303, rodney.d'costa@barnet.gov.uk

Summary

This report presents Barnet Council's approach to developing a sustainable social care market place and a new policy formalising the new duties of the Council where a care provider fails.

Both have been developed to meet the requirements described in the Care Act 2014, associated Regulations and Care and Support Statutory Guidance. All statutory duties described in this report commence on 1 April 2015.

Recommendations

1. That the Adults and Safeguarding Committee note that a refreshed Market Position Statement is being developed to meet the new market shaping duties under the Care Act 2014.
2. That the Adults and Safeguarding Committee approve the adoption of the Market Failure Policy (Appendix 1).

1. WHY THIS REPORT IS NEEDED

Market Shaping

- 1.1 Under the Care Act 2014 Section 5, from April 2015, all councils in England will be required to promote the efficient and effective operation of a market in services for meeting care and support needs.
- 1.2 The purpose of this report is to inform the committee how Barnet Council intend to fulfil this duty.

Provider Failure

- 1.3 Under the Care Act 2014 Section 48, from April 2015, all councils in England will be required to enact a temporary duty in the event of a business failure of a care and support provider to ensure that there is no disruption to the care and support that people receive. Currently our provider failure process covers only those people whose provision of care and support is managed by the Council.
- 1.4 A provider failure policy is needed to ensure the Council has a clearly documented statement on how it will fulfil these duties. The purpose of this report is to seek approval for Barnet Council's Provider Failure Policy. The policy takes into account the requirements of the Care Act 2014, the Regulations and the Care and Support Statutory Guidance.

2. REASONS FOR RECOMMENDATIONS

Market Shaping

- 2.1 The Care and Support Statutory Guidance states that the process of developing, publishing and using a Market Position Statement (MPS) should be central to the process of working with providers to adjust the extent and types of service provision. Publishing the MPS is a key market-shaping activity as required under the Care Act 2014.
- 2.2 The Barnet MPS is a document that sets out the future direction of travel of adult social care in Barnet. It aims to provide information that providers will find useful when planning the future of services, including local demographics, commissioning intentions and trends across service-user groups. It is a tool by which the Council can stimulate a diverse, high-quality market that has the ability respond to local needs, both now and in the future.
- 2.3 The MPS is for:
 - Providers who provide or have provided a service in Barnet.
 - The independent sector, voluntary and community organisations in Barnet.

- Potential providers in Barnet.
 - People with an interest in Barnet’s vision for its adult social care market.
- 2.4 Barnet was one of the first local authorities to publish an MPS, in June 2013. Its development was informed by consultation with providers, service users and other stakeholders, and has been published on the Council’s web site.
- 2.5 The MPS is a tool that contributes to wider market shaping activity. The local authority collaborates with relevant partners, including people with care and support needs, carers and families, to facilitate the whole market in its area for care, support and related services. The market includes services arranged and paid for by the authority itself, those services paid for by the state through direct payments, those services arranged and paid for by individuals from private sources (sometimes called ‘self-funders’), and services paid for by a combination of these sources. Market shaping activity is facilitated through different functions within the local authority including commissioning, procurement, contract management, provider and service user and carer engagement.

Provider Failure

- 2.6 Under the Care Act 2014, councils have a temporary duty to ensure that the needs of people continue to be met if a provider fails regardless of how their care is paid for.
- 2.7 Business failure is defined in the Care and Support (Business Failure) Regulation 2014. A business failure is generally described in the regulations as when an administrator or receiver is appointed, the business is compelled to be wound up or it becomes insolvent.
- 2.8 The Care and Support (Market Oversight Criteria) Regulations 2014 gives specific powers to the Care Quality Commission (CQC) to put in place a Market Oversight scheme. This will monitor the financial wellbeing of certain hard-to-replace providers of social care and support who:
- provide at least 30,000 hours of care in a week anywhere in England; or
 - provide at least 2,000 people with care in a week anywhere in England; or
 - provide at least 800 people with care in a week anywhere in England and the number of hours of care provided in the same week divided by that number of people exceeds 30.
- 2.9 The initial indications are that nationally there are 30 to 40 large providers of home and residential care who meet the CQC criteria described above. The failure of one of these organisations could result in many people being left

without the services they need and the impact would probably be felt by several local authorities.

- 2.10 The majority of home and residential care service providers will sit outside the CQC Market Oversight scheme as they will be small to medium sized organisations.
- 2.11 Whether the business failure occurs under the CQC Market Oversight scheme or not, the temporary duty to meet the needs of people affected lies with the local authority.
- 2.12 The duty applies only if a regulated activity is disrupted due to business failure. Regulated activities are listed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 20. Generally these can be thought of as personal care and residential or nursing care. However, the duty does not apply in cases of business failure when the regulated services continue to be provided, for example, in cases of insolvency when an Administrator has been appointed and is running the business until a new owner can be found.
- 2.13 To meet the requirements of the Care Act 2014, a policy has been developed which sets out the activity that the Council will undertake to manage an instance of the failure of a provider's business. The policy will ensure that people are not left without care or support should a service be disrupted due to business failure.
- 2.14 The policy will outline the Council's responsibilities to all those who could be affected. The Act broadens the Council's responsibilities to cover people who purchase their own care directly as well as those placed in a service funded by another local authority on a temporary basis. The duty also covers providers in Barnet with whom the Council does not have a formal contractual relationship. The Council will have the responsibility of meeting the needs of people as they were being met by the provider immediately before they became unable to carry on the regulated activity.
- 2.15 The policy will be delivered through a procedure which is in essence a contingency plan. This will be invoked on the notification of a business failure.
- 2.16 The procedure will define the roles and responsibilities of officers across the Council (such as adult social care, procurement, communications and legal). Project management arrangements will be built in to support the planning and co-ordination of the exercise. The procedure could cover activities such as communications, re-procurement, needs assessment and reviews. This approach is compatible with that of other local authorities.

- 2.17 Having a clearly defined policy and a procedure to be followed will ensure that the Council can act quickly to meet the immediate needs of people affected and minimise the anxiety that such disruption causes.
- 2.18 Feedback from the Care Act 2014 public consultation was used to shape the recommended approach. Only 6% (2) of respondents disagreed with the proposed plans to manage provider failure in Barnet. Comments from respondents were generally supportive with some practical suggestions on how the duty could be carried out. The detail of the consultation responses is attached as a background paper (Responses to the Barnet Public Consultation on the Care Act 2014).

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Market Shaping

- 3.1 Barnet published its Market Position Statement on the Barnet Social Care microsite in June 2013. This approach has therefore already been implemented.
- 3.2 Nevertheless, officers considered not refreshing the current (2013) Barnet MPS and not conducting other market engagement. This option has not been recommended because:
- The current (2013) MPS will soon be out of date and requires updating;
 - The current (2013) MPS does not include information on or reflect the changes being brought about by the Care Act 2014.
- 3.3 In the final analysis, there are more advantages and fewer disadvantages with market shaping primarily through the MPS.

Provider Failure

- 3.4 All councils in England have to prepare to meet the statutory provider failure duties. The policy sets out the governance framework for those duties: what they are, how they are triggered, what needs are covered and how they will be met. This framework enables the Council to act immediately and with confidence should the statutory duty need to be invoked.
- 3.5 The Council's preparations to deal with potential provider failure need to comply with the Care and Support Statutory Guidance. The Guidance is clear that robust contingency planning is required. Whilst small scale service interruptions might be easily managed, service interruptions on a large scale pose far greater problems.

- 3.6 Disruption to people's care and support services is an on-going risk to the Council and the Adults and Communities Delivery Unit has recently managed large scale provider failure. The Council's contingency planning approach has been refined as a result of the lessons learned through its experiences.

4. POST DECISION IMPLEMENTATION

Market Shaping

- 4.1 The work already in progress to refresh the MPS and market engagement will continue.
- 4.2 The refreshed MPS will be published on the Barnet Social Care microsite.
- 4.3 The MPS will be refreshed on an annual basis, with input from providers and service-users.

Provider Failure

- 4.4 The development of a robust continuity plan for provider failure will be completed in line with the approved provider failure policy. A training workshop is scheduled for late March 2015. This will be attended by the managers of those functions that would need to take action should the duty be triggered, and will ensure that these areas own the plan and that the plan is robust.
- 4.5 A communication plan will be developed to share with internal and external stakeholders
- 4.6 The provider failure business continuity plan will be reviewed at least every six months in line with the Business Continuity Plan (BCP) standard.
- 4.7 Officers will undertake simulation testing using a scenario of a residential care home failing.
- 4.8 Should the provider failure duty be invoked, the policy and procedure will be reviewed in the light of the experience and revised to incorporate any lessons learned.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The MPS and provider failure policy relates to the following Corporate Priorities:

Corporate Priority	Provider Failure	MPS
To maintain the right environment for a strong and diverse local economy	The Local Authorities approach to managing provider failure is important in relation to building and sustaining a diverse economy through our contract arrangements and strategic relationships across the social care sector.	The MPS seeks to promote a strong and diverse local economy in the adult social care market, voluntary sector and any other local economies that relate to adult social care.
To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.	Intelligence will be shared with key partners and there will be cross-borough working in the event of provider failure.	The MPS aims to reflect health Commissioning intentions, as part of the integrated approach to adult social care.
To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.	Ensuring continuity of care for those affected by provider failure will ensure good health, activity and independence is maintained.	The MPS can help to shape the kind of services and quality of services that the over-55 population in Barnet receives, to achieve the stated outcomes.
To promote family and community well-being and encourage engaged, cohesive and safe communities.	In the event of provider failure the focus will be ensuring continuity of care for people in borough, to maintain connections to their local community.	The MPS encourages well-being in the community and preventative services.

Market Shaping

5.1.2 The MPS will advance the aims of the Health & Well-being Strategy, which are 'staying well' and 'staying independent', by promoting these ambitions to the adult social care market.

5.1.3 The effectiveness of the MPS will be measured in the following way:

- The number of visits to the MPS webpage.
- Annual engagement with providers and commissioners, to understand whether and how the MPS has informed their business planning.
- Providers indicating through the Procurement website that they have read the MPS.
- Improved quality of bids.
- A more diverse and high-quality adult social care market

Provider Failure

5.1.4 Successful implementation of the Care Act 2014 will help to support and deliver the following 2013/16 Corporate Plan priority outcomes:

- "To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health".
- "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".
- "To promote family and community well-being and encourage engaged, cohesive and safe communities".

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

Market Shaping

5.2.1 The Market Position Statement is being developed and maintained within existing budget resources.

Provider Failure

5.2.2 The Council is required by law to meet the duty should a business failure occur within the borough. Currently our provider failure process covers those people for whom their provision of care and support is managed by the Council and in which a contract is held. It is not possible to quantify in advance the financial implications of dealing with a business failure. Internal and external resources would be required to manage the provider failure

whilst maintaining normal business as usual activities. For a small provider the cost could be less than £1,000 whereas for a large provider it could exceed £100,000. The costs will have to be managed within existing budget resources.

5.3 Legal and Constitutional References

5.3.1 Under the Care Act 2014 Section 5 from April 2015 all councils in England will be required to promote the efficient and effective operation of a market in services for meeting care and support needs.

5.3.2 Under the Care Act 2014 Section 48 all councils in England will be required to enact a temporary duty in the event of a business failure of a care and support provider to ensure that there is no disruption to the care and support that people receive.

5.3.3 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution - Section 15 Responsibility for Functions (Annex A). Specific responsibilities 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.

5.3.4 As outlined in this section of the Constitution, the Adults and Safeguarding Committee is responsible for – and has delegated authority for – the following:

- 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.
- Ensuring that the local authority's safeguarding responsibilities is taken into account.
- To approve any non-statutory plan or strategy which falls within its remit, as outlined at 5.3.3.

5.4 Risk Management

Market Shaping

5.4.1 The development of the Market Position Statement and the Provider Failure policies will help to minimise the risk of provider failure and foster more sustainable relations with the market.

Provider Failure

5.4.2 The duty is applied once the local authority is notified of a business failure and that it will cause a disruption to service. Therefore the implementation of the

policy and procedure is not to remedy the failure but to ensure the care and support needs of the individuals affected will continue to be met. Managing the risk will be dependent on the pace and nature of the failure.

5.4.3 Whilst the overall provider failure duty is positive for people receiving care and their carers, there are risks which centre on the resources and financial implications of the temporary duty being triggered. Risk management information is reported quarterly to the Care Act 2014 Programme Board which in turn feeds into the reports to the Board and Committee. Risk will be managed through business-as-usual processes, including on-going contract monitoring, on-going engagement with existing providers, intelligence from other boroughs, the CQC market oversight regime and engagement with the market.

5.5 Equalities and Diversity

5.5.1 On 1 October 2012, new provision 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 policy framework for equalities, offer's 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.

5.5.2 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 group 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.

5.5.3 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 its adult social care eligibility criteria.

5.5.4 An Equalities Impact Assessment has been undertaken on the implementation of local policies to support implementation of the Care Act 2014 and is attached as a background paper.

5.6 Consultation and Engagement

Market Shaping

- 5.6.1 Extensive consultation work was undertaken with providers and service-users to inform the 2013 MPS. The findings of this consultation are being used in the exercise to refresh the MPS.
- 5.6.2 In order to build on this, a presentation was delivered on the MPS to Care Home providers in December 2014. A survey was disseminated to providers and approximately 50 replies have been received to-date. A focus group will be held with providers from different sectors and Commissioners will consult with providers around content relating to specific sectors and service-user groups.

Provider Failure

- 5.6.3 The main proposals for provider failure contained within this report were subject to public consultation. The detail of the consultation responses is attached as a background paper.

6. BACKGROUND PAPERS

- 6.1 Special Safeguarding Overview and Scrutiny Committee on 24 September 2012 received a report on the 3 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 \(1.1\)](#)
- 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 \(3.1\)](#)
- 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](#)
- 6.4 [Care and Support Bill Update \(1.1\)](#)

- 6.5 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 \(2.1\)](#)
- 6.6 The Adults and Safeguarding Committee received a report on the implementation of the Care Act on the 2 July 2014. [The Implementation of the Care Act](#)
- 6.7 The Adults and Safeguarding Committee received a report on the Consultation on the Statutory Guidance on the 31 July 2014. [Response to Consultation on the Care Act Guidance](#)
- 6.7 The Adults and Safeguarding Committee received a report on Implementing the Care Act on the 2 October 2014. [Implementation of the Care Act 2014.](#)
- 6.8 The Adults and Safeguarding Committee received a report on the Universal Deferred Payments scheme on 26 January 2015.
- 6.9 The Council's Market Position Statement was published in June 2013 and can be found on the Council's web site: [Barnet's Market Position Statement](#)
- 6.10 Responses to the Barnet Public Consultation on the Care Act 2014. [Responses to the Public Consultation](#)
- 6.11 Equalities Analysis (EqA) on local policies to support implementation of the Care Act 2014. [EqA on Local Care Act policies](#)
- 6.12 The Care Act received Royal Assent on 14 May. [The Care Act 2014](#)

APPENDIX 1

Provider Failure Policy

London Borough of Barnet

POLICY COVER SHEET

POLICY NAME	Provider Failure Policy		
Document Description	The Care Act 2014 places a new temporary duty on local authorities to meet an adult's care and support needs and a carer's support needs when a registered care provider becomes unable to carry on a regulated activity, establishment or agency because of business failure. This policy document explains what this duty means and Barnet Council's approach to ensure that adults and carers are not left without the care or support they need if their care provider becomes unable to carry on providing it because of business failure.		
Document Author 1) Team and 2) Officer and contact details	1) Business Improvement Team 2) Hema Parmar, hema.parmar@barnet.gov.uk		
Status (Live/ Draft/ Withdrawn)	Draft	Version	Draft 2
Last Review Date	January 2015	Next Review Due Date	April 2016
Approval Chain:	Adults and Safeguarding Committee	Date Approved	19 March 2015

VERSION CONTROL

Version number	Date	Author	Reason for New Version
Draft 1	12 January 2015	Hema Parmar	New draft policy to set out duties under the Care Act 2015.
Draft 2	2 February 2015	Hema Parmar	Minor revisions to amend formatting aligned to corporate policy style guide.
Draft 3	27 Feb 2015	Hema Parmar	Further revisions incorporating comments from Dawn Wakeling.
Drafts 4 – 6	11 March 2013	Alan Mordue	Further revisions arising from clearance and proof reading.

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1. Introduction

The Care Act 2014 places a new temporary duty on local authorities, to meet the care and support needs of an adult and the support needs of a carer when a registered care provider becomes unable to carry on a regulated activity, establishment or agency because of business failure. This policy document sets out what this duty means, when it is triggered, what needs will be met and how those needs will be met by Barnet Council. The policy seeks to ensure that adults and carers are not left without the care or support they need in the event that their care provider becomes unable to carry on providing it because of business failure.

The policy also covers service interruptions and the discretionary power to meet urgent needs.

2. Key definitions applicable to this policy

2.1. Temporary duty

This means the duty on Barnet Council to meet care and support needs for an adult, or support needs for a carer where registered care providers are unable to carry on because of business failure. The duty is temporary and will continue for so long as Barnet Council considers it is necessary. The temporary duty will be triggered when Barnet Council becomes aware of the business failure and the provider can no longer carry on its activity..

2.2. Registered care provider

Any individuals, partnerships or organisations (companies, charities, NHS trusts and local authorities), that provide care, support or other services to people on a contractual basis must be registered with the Care Quality Commission (CQC)¹. The temporary duty applies to these 'registered care providers' in respect of carrying out 'regulated activities'.

2.3. Regulated activity

These are regulated activities involving or connected with the provision of health or social care. The services and activities that are regulated are prescribed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Providers of these regulated activities must be registered with the CQC. Examples of regulated activities include the provision of personal care and accommodation for persons who require nursing or personal care.

¹ The statutory basis for registered care providers and persons registered (in respect of an establishment or agency) is the Health and Social Care Act 2008, Part 1, Chapter 2 and the Care Standards Act 2000, Part 2

2.4. Business failure

The Care and Support (Business Failure) Regulations 2014 (the Regulations) define business failure. These Regulations explain the circumstances in which a provider is to be treated as being unable to carry on because of business failure. The list of events includes: the appointment of an administrator; the appointment of a receiver or an administrative receiver and the passing of a resolution for a winding up order; in the case of a charity, that the trustees are unable to pay their debts; or in the case of an individual, he or she is declared bankrupt. The full list is in the Regulations.

2.5. Relevant adult

This is the adult whose needs for care and support were being met or the carer whose support needs were being met immediately before the provider was unable to carry on providing it because of business failure.

2.6. Ordinary residence

Ordinary residence is given its ordinary and natural meaning and as defined in a leading case² refers to a person's abode in a particular place or country adopted voluntarily and for settled purposes, whether for a short or long duration. Ordinary residence can be acquired as soon as a person moves to an area, if their move is voluntary and for settled purpose, irrespective of whether they own, or have an interest in a property in another local authority area.

3. Legal Framework

The Care Act 2014 imposes a clear temporary duty on local authorities to meet adults' care and support needs and carers' support needs which were being met immediately before the registered care provider became unable to carry on the regulated activity. This temporary duty applies to all people receiving services in the area of Barnet as set out in paragraph 4.1 below.

This policy is written in accordance with the statutory framework and guidance. For ease of reference, the relevant provisions are set out in Appendix 1 of this document.

4. Scope of temporary duty

4.1. To whom does this policy apply?

This temporary duty applies to all people receiving services in the area of Barnet regardless of whether:

- the relevant adult or carer is ordinarily resident in the area of Barnet;

² Shah v London Borough of Barnet (1983)

- Barnet Council has carried out a needs assessment, a carer's assessment or a financial assessment;
- any of the needs meet the eligibility criteria;
- the costs of meeting their needs are made by a self-funder;
- Barnet Council has a contract with the failed provider;
- another local authority made the arrangements to provide the services, the cost of which was paid for by that authority or that authority was making direct payments in respect of those needs.

4.2. What needs will be met?

Barnet Council will meet those care and support needs of adults and support needs of carers, which were being provided immediately before the provider became unable to carry on that activity in Barnet because of business failure. This means Barnet Council will provide care and support based on the assessment that informed the care and support package. This will ensure there is no delay in arranging the alternative provision.

In the event that there is no assessment of needs, carer's assessment or a financial assessment and irrespective of whether those needs would meet the eligibility criteria, Barnet Council will act as promptly as possible to meet needs under the temporary duty.

Where Barnet Council requires further information to enable it to meet this temporary duty, it will request, that the provider or anyone involved in the provider's business as it thinks appropriate, supply it with the information it needs. For example, this may involve up to date records of the people who are receiving services from that provider, to help Barnet Council to identify those who may require its support.

4.3. How will those needs be met?

Barnet Council has a discretion as to how it will meet needs when this temporary duty becomes applicable. Examples in the Care Act 2014 include accommodation, care and support at home or in the community, counselling and other types of social work, goods and facilities, information, advice and advocacy. Barnet Council is not required to meet needs in exactly the same combination of services that were previously supplied, however, it will aim to provide a service as similar as possible to the previous where possible and on the basis that the person's needs will continue to be met.

Some people may only require information and advice on alternative services available locally to enable them to make a properly informed choice about a new provider.

Others may require Barnet Council to actively arrange care with a different provider for a period of time, to ensure there is continuity of care.

The steps taken will depend on both the circumstances of the provider failure and the nature of the support the adult or carer requires from Barnet Council.

4.4. Who will be involved in deciding how needs will be met?

In deciding how to meet an adult's needs for care and support, Barnet Council will involve:

- the relevant adult concerned,
- any carer that the adult has, and
- anyone whom the relevant adult asks the authority to involve
- where the relevant adult lacks capacity to ask Barnet Council to involve other persons, Barnet Council will involve anyone who appears to it to be interested in the adult's welfare.

In deciding how to meet a carer's needs for support, Barnet Council will involve:

- the carer, and
- any person the carer asks Barnet Council to involve.

Barnet Council will take all reasonable steps to agree how needs should be met with the relevant adult or carer.

In line with the wellbeing principle, Barnet Council will seek to minimise disruption for people receiving care.

4.5. When will the temporary duty apply?

The temporary duty will apply as soon as Barnet Council becomes aware of the business failure and the provider can no longer carry on its activity. It will not apply where a business ceases to operate because of its failure to meet the CQC's standards. If arising from quality failures, the needs become urgent the local authority has a discretionary power that could be exercised to meet needs.

If, for example, a business is declared insolvent and an Administrator is appointed, that is, there is a business failure but the service is still continuing to be provided, Barnet Council has no duty to intervene to provide care and support. If, however, the service does not continue to run following business failure, the temporary duty will apply and Barnet Council will step in to ensure an adult's care and support needs and a carer's support needs are met.

The temporary duty will apply for as long as Barnet Council considers it is necessary, i.e. that it is satisfied that the person's needs will be met by the new provider. At that point the person will once again become responsible for arranging their own care.

4.6. Will a charge be made when discharging this temporary duty?

Barnet Council may charge the relevant adult for the actual costs incurred of temporarily meeting his or her needs by providing alternative care or support.

Barnet Council will not charge for the provision of information and advice to a person.

Barnet Council may recover the actual costs of temporarily meeting the needs of a person who is not ordinarily resident in Barnet from the relevant local authority which made or funded the arrangements with the failed provider. The costs recovered will be those costs incurred by Barnet Council in meeting the needs under the temporary duty. Costs can also be recovered from the relevant local authority in Wales or Scotland or the relevant Health and Social Care trust in Northern Ireland that arranged or funded the care and support with the failed provider.

4.7. Cross border placements

There will be close communication and co-operation between Barnet Council and the relevant local authority in Wales or Scotland or the relevant Health and Social Care trust in Northern Ireland that arranged or funded the care and support with the failed provider. Generally, responsibility will continue to remain with the authority that arranged and or funded the care and support.

4.8. NHS Continuing Healthcare

Where a failed provider in England is providing an adult with NHS Continuing Healthcare which is commissioned by a clinical commissioning group, the relevant clinical commissioning group will be treated as a relevant partner that Barnet Council will co-operate with in reaching an agreement about how to meet needs.

Barnet Council will not be able to meet NHS Continuing Healthcare needs in provider failure cases. This is because the duty to provide NHS Continuing Healthcare falls on the NHS and Barnet Council is not permitted to provide it. The NHS duties are outside the scope of this policy.

5. Discretionary power to meet 'urgent needs'

Where Barnet Council considers the needs to be urgent, it may exercise its discretionary power³ to meet needs without first conducting a needs assessment,

³ Section 19 Care Act 2014

financial assessment or eligibility determination and regardless of whether the relevant adult is ordinarily resident in Barnet.

This may be necessary where services are interrupted, there are quality failings with a provider or there is a risk of an emergency closure but business failure is not the cause. Where the provider's business has not failed, it remains the provider's primary responsibility to meet the needs of individuals receiving care and support in accordance with their contractual liabilities. Where the continued provision of care and support is in imminent jeopardy and there is no likelihood of returning to business as usual, Barnet Council will exercise its discretionary power to meet urgent needs. This power is not limited to regulated providers and may be extended to unregistered providers, i.e. unregulated providers of a social care activity.

Before exercising this discretionary power a risk assessment will be completed to determine whether the needs are urgent. Every service interruption will be considered on its facts and the circumstances.

6. Contingency planning

As part of our contingency planning we will identify and assess potential risks in Barnet with our local partners. We will also communicate with local providers which services they would be willing and able to provide if the need arose because of the failure of a provider. This will enable Barnet Council to facilitate a prompt response and secure continuity of care for people affected in the event of a business failure or service interruption.

7. Equality impact assessment

This Provider Failure Policy is one of a number of policies flowing from the Care Act 2014. The Equality Impact Assessment in respect of these policies can be found here: [EqA on Local Care Act policies](#).

8. Related policies, procedures or strategies

The procedures in respect of Provider Failure can be found separately.

The following policies and strategies may also be useful:

- Information, Advice and Advocacy Policy and Strategy
- Assessment and Eligibility (Adults in Need) Policy
- Assessment and Eligibility (Carers) Policy
- Fairer Contributions Policy

9. Disputes between authorities

There will be close communication and co-operation between Barnet Council and the relevant local authority that arranged and or funded the care and support with the failed provider. This is to ensure that alternative care and support is secured with minimum delay and disruption. In the event of a dispute the mechanism for resolution will be an application to the relevant Secretary of State for a determination⁴ (ordinary residence dispute resolution procedure).

10. Policy status and transition arrangements

This Provider Failure Policy will apply when the relevant commencement order brings into force relevant statutory provisions. It is intended that this commencement order will be made in April 2015.

11. Review of policy

This Provider Failure Policy will be reviewed annually or earlier as required by policy or legislation changes. Any major amendments to this policy will be subject to consultation.

12. Contact information / further guidance


Further advice and guidance is available from the Care Quality Team via email on supplymanagement@barnet.gov.uk

⁴ Section 40 Care Act 2014, Schedule 1; The Care and Support (Cross-border Placements and Business Failure: Temporary Duty) (Dispute Resolution) Regulations 2014

Appendix 1

Subject Area	Statutory framework	Regulations	Guidance
Provider failure /business failure	Care Act 2014 Sections: 48-52	The Care and Support (Business Failure) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 5: Managing provider failure and other service interruptions
Temporary duty on LAs	Care Act 2014 Section 48	As above	Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 5
Registered provider	Care Act 2014 Section 48 Health and Social Care Act 2008, Part 1, Chapter 2	Regulation 1 of the Care and Support (Business Failure) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 5
Regulated activity	Care Act 2014 Section 48 Health and Social Care Act 2008, Part 1, Chapter 2	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 5

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	<p>Adults and Safeguarding Committee</p> <p>19 March 2015</p>
<p>Title</p>	<p>Implementing the Care Act 2014: Carers; Prevention; Information, Advice and Advocacy</p>
<p>Report of</p>	<p>Dawn Wakeling (Adult and Health Commissioning Director) Mathew Kendall (Adults and Communities Director)</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Enclosures</p>	<p>Appendix 1 – Duties of Carers Appendix 2 - Prevention Policy Appendix 3 – Information, Advice and Advocacy Policy</p>
<p>Officer Contact Details</p>	<p>Andrea Breen, Head of Prevention and Wellbeing, Adults and Communities, 020 8359 2955, andrea.breen@barnet.gov.uk</p>

Summary

This report describes the joint work that Adults and Communities is undertaking with Family Services to deliver a holistic approach to supporting carers and the changes arising from the Care Act 2014 and the Children and Families Act 2014.

It also presents new policies setting out Barnet Council's approach to:

- (a) Prevention services, and
- (b) Information, advice and advocacy.

All aspects have been developed to meet the requirements described in the Care Act 2014, associated Regulations and the Care and Support Statutory Guidance. All statutory duties commence on 1 April 2015.

Recommendations

- 1. That the Adults and Safeguarding Committee note the new rights of carers to care and support under the Care Act 2014 (Appendix 1).**
- 2. That the Committee note the joint working between Adults and Communities and Family Services with respect to Carers and Young Carers (paragraphs 2.1 to 2.2).**
- 3. That the Adults and Safeguarding Committee approve the adoption of the Prevention Policy (Appendix 2).**
- 4. That the Adults and Safeguarding Committee approve the adoption of the Information, Advice and Advocacy Policy (Appendix 3).**

1. WHY THIS REPORT IS NEEDED

- 1.1. The Care Act 2014 sets out new requirements for carers services and prevention, information, advice and advocacy applicable to all councils in England.
- 1.2. Prevention, information, advice and advocacy are universal services provided for all people in Barnet and are not limited to those with care and support needs or those already known to adult social services. Public Health are a key partner in delivering these services.

Carers

- 1.3. Carers have rights in current social care law which offer access to information, advice, assessment and support, to enable them to continue in their caring role. The Care Act 2014 sets out further new duties to carers. These are described in Appendix 1 and have previously been reported to committee. The previous Committee Reports are attached as background papers.
- 1.4. Under the Care Act 2014, carers will have legal rights similar to those of an adult in need. This shift is significant and will underpin new ways of working with carers.
- 1.5. Because the new rights of carers are similar to those of an adult in need, the Prevention Policy and the Information, Advice and Advocacy Policy reflect the duties to carers as well as to adults in need. An Assessment & Eligibility Policy has been developed specifically for Carers and this is being presented to Committee in a separate report (*“Implementing the Care Act 2014: Eligibility; Carers contributions; Care arrangement fees; Increased demand”*)
- 1.6. This paper describes joint working between Adults and Communities and Family Services with respect to Carers and Young Carers.

Prevention

- 1.7. Under the Care Act 2014 Section 2, from April 2015, all councils in England will be required to have in place a range of ‘prevention’ services, facilities and resources to prevent, reduce and delay people’s need for care and support. This is a new requirement in primary legislation.
- 1.8. A prevention policy is needed to ensure that the Council has a clearly documented statement on how it will fulfil these duties. The purpose of this report is to seek approval for Barnet Council’s Prevention Policy. The policy takes into account the requirements of the Care Act 2014, the Regulations and the Care and Support Statutory Guidance. The Act seeks to consolidate good practice and Barnet Council’s Prevention Policy builds on the range of quality prevention services currently in place.
- 1.9. The Prevention Policy is presented to the Committee for approval because this is a new statutory duty. There is no discretion for members to exercise in relation to this new duty.

Information, Advice and Advocacy

- 1.10. Under the Care Act 2014 Section 4, from April 2015, all councils in England will be required to establish and maintain a service for providing people with information and advice relating to care and support for adults and support for carers. This duty applies to all people in Barnet and is not limited to those with care and support needs or those already known to Adults and Communities in Barnet. This is a new requirement in primary legislation.
- 1.11. Under the Care Act 2014 Section 67, from April 2015, all councils in England will be required, when certain conditions are met, to arrange for an independent advocate to represent and support an individual's involvement in assessment, planning and review processes.
- 1.12. An Information, Advice and Advocacy policy is needed to ensure the Council has a clearly documented statement on how it will fulfil these new duties. The Act seeks to consolidate good practice and Barnet Council's Information, Advice and Advocacy Policy builds on the range of quality services currently in place.
- 1.13. A policy covering information, advice and advocacy duties is presented to the Committee for approval because these are new statutory duties. There is no discretion for members to exercise in relation to these new duties.

2. REASONS FOR RECOMMENDATIONS

Carers

- 2.1. The Adults and Communities Delivery Unit is developing a work programme jointly with Family Services. The programme will address the operational changes required from the Care Act 2014 and Children and Families Act 2014 into a Carers Strategy with associated procedures, training and guidance which will ensure that the Council is compliant with its statutory duties
- 2.2. This approach reflects the Council's commitment to carers in Barnet who have a significant and valued role in sustaining people's independence and wellbeing in their communities. Supporting carers to fulfil this role, alongside identifying how best to promote their own health and wellbeing through an effective range of support services, is integral in delivering this vision.

Prevention

- 2.3. The Adults and Communities Delivery Unit is currently working effectively with partners and commissioned providers to deliver preventative services. The Delivery Unit also works with other parts of the Council to meet prevention duties, for example through the Sport and Physical Activity Project and work with Public Health to increase physical activity. All of these are established arrangements, and are reviewed through a range of controls, for example the Health and Wellbeing Board. Such arrangements enable the Council to achieve value for money, and meet the priorities set out in the Corporate Plan.

2.4. There is no single definition for prevention, meaning that it is wide ranging, and it should not be seen as a one off event, but rather an on-going activity. It is often described in the following ways:

- Primary prevention ('prevent') covers a universal 'available to all' approach. Examples of primary prevention in Barnet include instructor led health walks; leisure centres; outdoor gyms and Barnet stop smoking service.
- Secondary prevention ('reduce) refers to more targeted interventions for those people at increased risk of developing needs. Examples of secondary prevention in Barnet include dementia cafes and the handyperson scheme.
- Tertiary prevention ('delay') is aimed at those people with long term and complex health conditions and social care needs. Examples of tertiary prevention in Barnet include reablement and the Barnet Integrated Locality Team (BILT).

2.5. A detailed gap analysis was completed to identify where current prevention services needed to be developed to meet the requirements of the Care Act 2014. As part of understanding the current picture, evidence was reviewed from a range of sources. This included the Joint Strategic Needs Assessment, feedback from people who use Council services such as compliments and complaints, social care user and carers surveys and contract management meetings. The range of prevention services in place is broad and inclusive, with new tenders and contracts (e.g. Neighbourhood Services) being fully compliant with the relevant procurement and legal requirements.

2.6. Feedback from the Care Act 2014 public consultation was also used to shape the approach. Only 9% (4) respondents disagreed with the proposed plans to improve prevention services in Barnet. Respondents offered some practical suggestions on how improvements could be made to the services. Comments included:

- *"It's no use having a good 'prevention' strategy if it doesn't apply to everyone who might benefit."*
- *"An independent monitoring unit which will publicise when the process is not working or not happening"*

Responses to the consultation are presented in a background document (Responses to the Barnet Public Consultation on the Care Act 2014).

2.7. The Prevention policy will be supported by staff training and the development of new operational guidance to promote best practice, so that staff will be able to inform people of the range of support that is available to them throughout their contact and involvement with services. For instance, people receiving care and support through adult social care services will have a support plan that will make use of preventative services, as well as other identified and targeted interventions. This will contribute to more effective support planning that is tailored to the person's needs and circumstances.

- 2.8. The Prevention policy will also be supported by an outcomes framework against which performance will be monitored and analysed. This will contribute to a local evidence base of understanding of what works, which will further inform prevention service planning and commissioning.
- 2.9. The Care and Support (Preventing Needs for Care and Support) Regulations 2014 sets out where councils may and may not make a charge for preventative services. Barnet Council's current social care contributions policy is in line with the Regulations and no change to that is required; nevertheless, an explanation of the rules is included in the proposed Prevention Policy.

Information, Advice and Advocacy

- 2.10. The new information and advice duty requires the Council to have services in place which are accessible, provide good quality information and advice and which are available to all borough residents. The Information, Advice and Advocacy policy considers each of the Council's duties in relation to information and advice and sets out to whom, when and the most appropriate ways to provide them to the residents of Barnet.
- 2.11. The new advocacy duty requires the Council to arrange for an independent advocate to represent and support an individual's involvement in assessment, planning and review processes when they would experience substantial difficulty understanding or retaining information, using that information or communicating their views, wishes or feelings. The primary legislation sets out the conditions when councils must arrange for the support of an independent advocate. The policy sets out Barnet's position that this will be considered from the first point of contact in every instance.
- 2.12. Feedback from the Barnet Care Act 2014 public consultation was used to shape the approach. Only 4% (2) of respondents disagreed with the proposed plans to improve information and advice services in Barnet. Comments from respondents offered some practical suggestions on how improvements could be made to the services. Many respondents emphasised that many people who need information and advice services were unable to use the internet and that alternatives should be available. Responses to the consultation are presented in a background document (Responses to the Barnet Public Consultation on the Care Act 2014).

- 2.13. It is intended that responses from the public consultation will help to shape the operational implementation of the policy through a local approach aimed at improving people's (including carers) access to and experience of information and advice services. This approach will aim to ensure that the provision of information and advice takes into account individual circumstances and needs. It will include printed information, advising people face to face and over the phone as well as online. In addition, people will be encouraged to develop digital skills. A directory of services will be made available on the internet (Social Care Connect) to both to staff and the public. Information from the catalogue can be printed for those without online access and who wish to peruse options in writing. In addition, there will be new training and operational guidance for all staff in Adults and Communities and staff who provide the first point of contact for people who may need care and support.
- 2.14. Information and advice is important to enabling people, carers and families to take control and make well-informed choices about their care and support and how they fund it. It also promotes wellbeing by increasing an individual's ability to exercise choice and control and is vital part of preventing or delaying people's need for care and support.
- 2.15. The Information, Advice and Advocacy policy will be supported by an Outcomes Framework to coordinate information on how well services are working and further inform service planning and improvement.
- 2.16. Staff training has been updated to cover the changes to the advocacy duties. This training now gives an awareness of the advocacy duties and what services are available, including the new Information, Advice and Advocacy contract. It complements existing training about mental capacity.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1. Adults and Communities and Family Services have considered various approaches to working together to meet the carers and young carers duties arising from the Care Act 2014 and Children and Families Act 2014. Working separately to deliver two separate strategies, one for Carers and another for Young Carers was rejected as it would not adequately address the breadth and impact of the changes for residents, carers, council and its partners, nor would it reflect the holistic approach that is needed to support all carers.
- 3.2. The engagement plan for developing the Carers Strategy involves working with the CCG (Clinical Commissioning Group) as a key and critical partner and this will be addressed further through the Health and Social Care integration programme.
- 3.3. A single policy covering prevention, information, advice and advocacy was considered because of the linkages between these areas, however, this would not provide as much clarity as separate policies would on the level of compliance and where any specific gaps in provision may be.

- 3.4. However, a co-ordinated action plan will be considered as officers review and consult on how work should proceed towards delivering the particular objectives described in the policies.

4. POST DECISION IMPLEMENTATION

Carers

- 4.1. The development of a new Carers Strategy 2015-18 and Carers Strategy Action Plan for all carers including young carers is sponsored by the Commissioning Director for Adults and Health and will have the support and leadership of the Directors of Adults and Communities and Family Services. The governance arrangements of the group and its membership will be set out using corporate project methodology. The group will deliver the following:
- Carers Strategy 2015-18 and Action Plan,
 - Carers policy,
 - Young Carers Policy,
 - Associated operational guidance and training for staff.

Prevention

- 4.2. The Prevention Policy will implemented from 1 April 2015 through:
- A Prevention Strategy and Action Plan, with an Outcomes Framework to monitor and analyse the impact of the prevention duties,
 - The usual channels of induction, training and continuous learning and development with staff,
 - The Council website,
 - Effective strategic and operational partnership working with partners and providers,
 - Reviewed on an annual basis by the Head of Prevention and Wellbeing to ensure that it continues to be fit for purpose,
 - A Quality Assurance Framework for Adults and Communities staff that includes an audit of activity and promotion of good practice and robust contract management,
 - The progress made against the identified actions will be published in the Annual Local Account.

Information, Advice and Advocacy

- 4.3. The Information, Advice and Advocacy Policy will be implemented from 1 April 2015 through:
- An Information, Advice and Advocacy Strategy and Action Plan, with an Outcomes Framework to monitor and analyse the impact of the Information, Advice and Advocacy duties,
 - The usual channels of induction, training and continuous learning and development with staff,
 - The Council website,
 - Effective strategic and operational partnership working with partners and providers,
 - Reviewed on an annual basis by the Head of Prevention and Wellbeing to ensure that it continues to be fit for purpose,
 - A Quality Assurance Framework for Adults and Communities staff that includes an audit of activity and promotion of good practice and robust contract management,
 - The progress made against the identified actions will be published in the Annual Local Account.

5. IMPLICATIONS OF DECISION

5.1. Corporate Priorities and Performance

- 5.1.1. Successful implementation of the Care Act 2014 will help to support and deliver the following 2013/16 Corporate Plan priority outcomes:
- “To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health
 - “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”.
 - “To promote family and community well-being and encourage engaged, cohesive and safe communities”.
- 5.1.2. The Health and Well-being Strategy 2012-15 echoes many themes of the new policy framework with its emphasis on promoting independence and wellbeing whilst ensuring care when needed. The reform agenda links directly with three of the main strands 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.

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

Carers

- 5.2.1. Costs of the current carers services are contained within the Adults and Communities Delivery Unit and Family Services Delivery Unit budgets. As part of the Care Act implementation, funding of £432k was given to the Council to contribute to the costs of carers; however, our modelling indicates the costs are likely to be more. This will be monitored by the Adults and Communities Senior Management Team.

Prevention

- 5.2.2. Costs of the current prevention services are contained within the Adults and Communities Delivery Unit budgets. At this point there would be no financial implication to the Council to enact the new policy and procedure.

Information, Advice and Advocacy

- 5.2.3. Costs of the current information, advice and advocacy services are contained within the Adults and Communities Delivery Unit budgets. At this point there would be no financial implication to the council to enact the new policy and procedure.

5.3. Legal and Constitutional References

- 5.3.1. The Care Act 2014 consolidates and replaces several different pieces of legislation into one legislative framework. The majority of provisions come into force from April 2015.
- 5.3.2. The Department of Health issued the Care and Support Statutory Guidance and Regulations on 23 October 2014, which all local authorities in England are required to follow. The regulations which are relevant to this paper are:
- The Care and Support (Children's Carers) Regulations 2014;
 - The Care and Support (Preventing Needs for Care and Support) Regulations 2014.
- 5.3.3. The Care and Support (Children's Carers) Regulations 2014 come into force at the same time as the Care Act 2014. They make provision for when a local authority can exercise the power to meet the support needs of the carer of a child.

- 5.3.4. Under the Care Act 2014 Section 2, there is a specific legislative requirement for all councils in England to provide or arrange for the provision of services, facilities or resources, or take other steps which it considers will:
- (a) contribute towards preventing or delaying the development of needs for care and support,
 - (b) contribute towards preventing or delaying the development by carers of needs for support,
 - (c) reduce the needs for care and support of adults,
 - (d) reduce the needs for support of carers.
- 5.3.5. Under the Care Act 2014 Section 4, there is a specific legislative requirement for all councils in England to establish and maintain a service for providing people in Barnet with information and advice relating to care and support for adults and support for carers.
- 5.3.6. The Care and Support (Preventing Needs for Care and Support) Regulations 2014 come into force at the same time as the Care Act 2014. They make provision for when a local authority can make a charge for the provision of preventative services.
- 5.3.7. The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution - Section 15 Responsibility for Functions (Annex A). Specific responsibilities 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.
- 5.3.8. As outlined in this section of the Constitution, the Adults and Safeguarding Committee is responsible for – and has delegated authority for – the following:
- 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.
 - Ensuring that the local authority's safeguarding responsibilities is taken into account.
 - To approve any non-statutory plan or strategy which falls within its remit, as outlined at 5.3.7.

5.4. **Risk Management**

- 5.4.1. Whilst the overall direction of the Care Act 2014 is positive for people receiving care and their carers, there are risks which centre on resources and financial implications of implementing the Care Act 2014. Risk management information is reported quarterly to the Care Act 2014 Programme Board which in turn feeds into the reports to the Strategic Commissioning Board and Committee.

5.5. Equalities and Diversity

- 5.5.1. On 1 October 2012, new provision 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 s149 of the Equalities Act 2010. Adult Social Care works within LBB policy framework for equalities, offer's 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.
- 5.5.2. 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 group 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.
- 5.5.3. 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 its adult social care eligibility criteria.
- 5.5.4. An Equalities Impact Assessment has been undertaken on the areas of discretion and is presented as a background document.

5.6. Consultation and Engagement

- 5.6.1. The main proposals contained within this report were subject to public consultation. Consultation questions primarily focussed on the areas of discretion which councils are required to consider exercising when implementing. Responses to the consultation are presented in a background paper.

6. BACKGROUND PAPERS

- 6.1. Special Safeguarding Overview and Scrutiny Committee on 24 September 2012 received a report on the 3 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 \(1.1\)](#)
- 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 \(3.1\)](#)
- 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 ; Care and Support Bill Update \(1.1\)](#)
- 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 \(2.1\)](#)
- 6.5. The Adults and Safeguarding Committee received a report on the implementation of the Care Act on the 2 July 2014. [The Implementation of the Care Act](#)
- 6.6. The Adults and Safeguarding Committee received a report on the Consultation on the Statutory Guidance on the 31 July 2014. [Response to Consultation on the Care Act Guidance](#)
- 6.7. The Adults and Safeguarding Committee received a report on Implementing the Care Act on the 2 October 2014. [Implementation of the Care Act 2014.](#)
- 6.8. The Adults and Safeguarding Committee received a report on the Universal Deferred Payments scheme on 26 January 2015. [Implementation of the Care Act - Adult Social Care Deferred Payment Policy](#)
- 6.9. The Adults and Safeguarding Committee received a report setting out the service development challenges required in adult social care in order to respond to the challenges of increasing growth in demand, enhanced statutory duties and continued financial austerity on 26 January 2015. [The Implications of the Commissioning Plan and The Care Act 2014 for Adult Social Care in Barnet](#)

- 6.10. Responses to the Barnet Public Consultation on the Care Act 2014. [Responses to the Public Consultation](#)
- 6.11. Equalities Analysis (EqA) on local policies to support implementation of the Care Act 2014. [EqA on Local Care Act policies](#)
- 6.12. The Care Act received Royal Assent on 14 May. [The Care Act 2014](#)

Appendix 1: New Duties to Carers Arising from the Care Act 2014

1. New duties to carers arising from the Care Act

Adults and Safeguarding Committee have previously received reports on new duties for Carers arising from the Care Act.

The duties to carers are covered throughout the Care Act. In this Appendix various sections of the Act have been highlighted to demonstrate the changes and impact for carers. It is not an exhaustive list of all the duties. These duties build on the previous duties to carers contained in the social care legislation that the Care Act takes the place of. The new duties have been built into the following policies:

- Prevention Policy
- Information, Advice and Advocacy Policy
- Assessment and Eligibility Policy (Carers)

2. Wellbeing

There is a general duty to promote an individual's well-being (for all adults including carers). The "well-being principle", relates to:

- (a) personal dignity (including treatment of the individual with respect);
- (b) physical and mental health and emotional well-being;
- (c) protection from abuse and neglect;
- (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- (e) participation in work, education, training or recreation;
- (f) social and economic well-being;
- (g) domestic, family and personal relationships;
- (h) suitability of living accommodation;
- (i) the individual's contribution to society.

3. Preventing, reducing or delaying needs

The local authority must provide or arrange for the provision of services, facilities or resources, or take other steps to help prevent or delay the development of needs for support and reduce the needs for support of carers in its area.

In performing that duty, a local authority must have regard to the importance of identifying carers in the authority's area with needs for support which are not being met (by the authority or otherwise).

4. Information and Advice

A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.

Barnet Council has recently awarded a contract to start on 1 April 2015 which specifically addresses carer's information and advice provision. In addition, there will be a new online directory with an updated carer's section.

5. Assessment and eligibility

The duty for local authorities to undertake a carer's assessment will be 'on the appearance of need', which is similar to that for the people they care for. This removes the existing requirement that the carer must be providing "a substantial amount of care on a regular basis", and that it is based on whether the person they are caring for qualifies for support. The carer's assessment will look at the impact of the caring role on the carer.

The Local Authority must consider whether the carer will be entitled to support if they meet all three following conditions:

- The needs arise as a consequence of providing necessary care for an adult;
- The effect of the carer's needs is that any of the circumstances specified in the Eligibility Regulations apply to the carer; and
- As a consequence of that fact there is, or there is likely to be, a significant impact on the carer's wellbeing.

This is known as the national eligibility threshold for carers. Therefore, if the carer fulfils each of these stages in the decision making process, a carer will be entitled to support for themselves. This is not dependent on the eligibility of the person they are caring for.

The Care Act promotes a 'whole family approach', and so the Local Authority must identify any children who are involved in providing care and should be considering parental responsibilities when carrying out an assessment for an adult. Identification of a young carer in the family should result in an offer of a needs assessment for the adult requiring care and support and, where appropriate, the local authority must consider whether the child or young carer should be referred for a young carer's assessment or a needs assessment under the Children Act 1989, or a young carer's assessment under section 63 of the Care Act.

6. Independent Advocacy

Local authorities must arrange an independent advocate to facilitate the involvement at any stage: from the first point of contact, during an assessment and development of a care and support plan and its review if two conditions are met:

- The person has substantial difficulty in being fully involved in these processes.
- There is no one appropriate available to support and represent the person's wishes.

This applies to carers, as well as adults in need. It also applies when there is a child's carer's assessment and a young carer's assessment.

7. Support Planning

The carer will be entitled to support if their assessed needs meet the eligibility threshold and the person they care for is an Ordinary Resident of Barnet. This means that the carer may be living outside of Barnet.

For the first time, carers are entitled to receive services in their own right, as well as the adult in need, and the Local Authority must provide a support plan where they are required to meet the needs under Section 18 or Section 20 of the Care Act. 'Meeting needs' is a broad duty which enables the Local Authority to move beyond providing or arranging a particular service, to encourage a personalised and creative approach in meeting needs. This will include consideration of universal and prevention services, and other information and advice.

8. Transition to adult social care and support

The Care Act 2014 contains provisions to help preparation for adulthood for three particular groups of people, children, young carers and child's carers. Transition assessments should take place at the right time for the young person or carer and transition assessments must be carried out by the local authority when there is significant benefit to the young person or carer in doing so, and if they are likely to have needs for care or support after turning 18.

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APPENDIX 2

Prevention Policy

London Borough of Barnet

POLICY COVER SHEET

POLICY NAME	Prevention Policy		
Document Description	This document sets out Barnet Council's broad responsibilities for prevention applicable to <i>all</i> adults in Barnet pursuant to the Care Act 2014.		
Document Author 1) Team and 2) Officer and contact details	1) Business Improvement Team 2) Hema Parmar, hema.parmar@barnet.gov.uk		
Status (Live/ Draft/ Withdrawn)	Draft	Version	Draft 2
Last Review Date	January 2015	Next Review Due Date	April 2016
Approval Chain:	Adults and Safeguarding Committee	Date Approved	19 March 2015

VERSION CONTROL

Version number	Date	Author	Reason for New Version
Draft 1	12 January 2015	Hema Parmar	New draft policy to set out duties under the Care Act 2015.
Draft 2	27 January 2015	Hema Parmar	Minor revisions to amend formatting aligned to corporate policy style guide.
Draft 3	26 Feb 2015	Hema Parmar	Further revisions and amendments incorporating comments from Dawn Wakeling and Karen Morrell.
Draft 4	3 March 2015	Hema Parmar	Further revisions incorporating final comments.
Draft 5 – 7	11 March 2015	Alan Mordue	Further revisions arising from clearance and proof reading.

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1. Introduction

The Care Act 2014 places a duty on local authorities to provide or arrange for the provision of services, facilities or resources, which would contribute towards preventing, delaying or reducing the development of needs for care and support for adults and needs for support for carers. This policy document sets out Barnet Council's approach to meet this general duty

Barnet Council (the Council) will work with individuals and families as well as other local organisations and communities to promote wellbeing and independence, build resilience and give people access to the right information and advice and choice and control over the support they may need where they have eligible social care needs. Prevention will be an on-going consideration and not a single activity or intervention.

The Council remains committed to preventing and delaying the development of care and support needs for adults and support needs for carers and reducing the existing care and support needs for adults and support needs for carers. The Council's Prevention Strategy will set out its local approach in discharging this duty.

Inherent in this will be a collaborative strategy with the Council's statutory partners, including public health, the NHS, the children's service and housing as well as voluntary and community organisations to develop an integrated local approach to prevention.

2. Key definitions applicable to this policy

2.1 Prevention

This covers many different types of support, services, facilities or other resources. Although there is no single definition, the statutory guidance makes reference to three general approaches to prevention (primary, secondary and tertiary) to illustrate what types of services, facilities or resources and to whom and when they could be considered, provided or arranged.

2.2 Primary prevention (prevent)

These are generally universal services, facilities or resources provided or arranged that may help an individual avoid developing needs for care and support, or help a carer avoid developing support needs by maintaining independence and good health and promoting wellbeing. These services are available without an assessment or professional decision to access it and are aimed at individuals who have no current health or care and support needs. Examples include, but are not limited to interventions or advice that:

- provide universal access to good quality information

- promote healthy and active lifestyles
- reduce loneliness or isolation
- encourages early conversations in families or groups about future arrangements

2.3 Secondary prevention (*reduce*)

These are more targeted interventions aimed at individuals who have an increased risk of developing needs. The provision of services, facilities or resources may help slow down or reduce any further deterioration or prevent other needs from developing. This type of early intervention or support will prevent an individual's needs reaching crisis point. Targeting interventions will require screening to identify individuals at risk (for example, those at risk of certain health conditions such as stroke or falls) as well as approaches to identify carers to help them develop their knowledge and skills and look after their own health and wellbeing. Examples may include but not be limited to:

- a fall prevention clinic
- adaptations to housing to improve accessibility
- telecare services
- equipment to support independent living
- fitness and exercise programmes
- handyperson service

2.4 Tertiary prevention (*delay*)

These are interventions aimed at minimising the effect of a disability or deterioration for people with established, complex or progressive health conditions (such as dementia) and supporting people to regain skills, maximise independence and manage or reduce need where possible. Examples include:

- dementia cafes for people with dementia, their carers and family members in a relaxed social setting to participate in activities and share views
- rehabilitation to help individuals regain capabilities where they have been lost due to illness or disease to attain independence e.g. mobility training for individuals with visual impairment.
- reablement (also known as enablement) services provided in the person's home by care or support professionals to help people live independently.

- intermediate care services provided by health and social care for a limited period of time to people after they have left hospital or when they are at risk of being sent to hospital to help them maintain or regain the ability to live independently.
- the Network model which provides support to people with mental health problems, for example skills for living session.

3. Legal framework

The Care Act 2014 imposes a duty on local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;
- (b) contribute towards preventing or delaying the development by carers in its area of needs for support;
- (c) reduce the needs for care and support of adults in its area;
- (d) reduce the needs for support of carers in its area;

This policy is written in accordance with the statutory framework and guidance. The relevant provisions are set out in Appendix 1 of this document.

4. Scope of policy

4.1. To whom does this policy apply?

The duty with regard to preventing needs for care and support applies to *all* adults in Barnet, including:

- people who do not have any current needs for care and support;
- adults with needs for care and support, whether their needs are eligible and or met by Barnet Council or not;
- carers, including those who may be about to take on a caring role or do not currently have any needs for support, and those with needs for support which may not be being met by Barnet Council or other organisation;

4.2. Who will be involved?

The Council will aim to ensure that prevention services are developed and co-produced as appropriate with individuals, families, friends, carers, the community

and voluntary groups and the right professionals to develop the individual's strengths and resilience and promote independence.

4.3. Services, facilities and resources already available in Barnet

The Council already has a range of prevention services, facilities and resources in place that it will continue to build upon. These are all available via Social Care Connect (see page 10 of this document for the weblink). The Council will carefully consider the breadth of local resources that are already available in order to identify what further steps to take to promote the market or provide or arrange services, facilities or resources. The Council's understanding of current and future demand of preventative support and supply of services, facilities and resources will inform its prevention strategy and commissioning of existing and new services. The local approach to prevention will build on resources of the local community, including local support networks and facilities provided by partners and voluntary organisations. By promoting diversity and quality in provision of care and support services the Council will ensure that individuals have a variety of options to choose from including the provision of sport and physical activities across the borough and library and education services.

4.4. What about people who do not have any current needs for care and support?

As well as considering those with existing needs and those at risk of developing needs in the future and what can be done to prevent, delay or reduce those needs now and in the future, the Council will consider how to identify those who may benefit from preventative support. This relates to people with needs which are not currently being met by Barnet Council or anyone else. Access to preventative support when they need it could have a significant impact on their long term health and wellbeing as well as potentially delay or reduce the need for care and support from the Council. Understanding these 'unmet needs' will inform the Council's long-term approach to prevention that reflects the true needs of the local population in Barnet. This important information will be shared with the Council's partners, through forums such as the Health and Wellbeing Board to inform wider strategies.

5. Assessment of adults' and carers' needs

The assessment and eligibility process will form a key part of the Council's prevention strategy. During the assessment process assessors will identify needs that can be reduced, or where escalation can be delayed and help people to improve their wellbeing by providing preventative services, or information and advice on other universal services available locally. By providing early intervention (such as enablement services) the Council remains committed to preventing or delaying a person's needs from escalating, helping to sustain their independence and wellbeing and preventing long-term needs from developing.

When the Council assesses whether adults have care and support needs or whether carers have support needs the assessors will specifically consider whether the person concerned would benefit from preventative services, facilities or resources currently provided by the Council or which might otherwise be available in the community. This is regardless of whether the adult is assessed as having any care or support needs or the carer is assessed as having any support needs. This ensures that as part of the assessment process, the Council considers the capacity of the person to manage their needs or achieve the outcomes which matter to them and allows for access to preventative support whilst eligibility for care and or support is determined.

The Council's holistic approach to assessments will ensure that proper account is taken of the person's own capabilities and the potential for them improving their skills as well as the role of any support from family, friends or others that help the person achieve the outcomes they wish to achieve in their day to day life. The appearance of needs for support now or in the future by any carers will of course trigger a carer's assessment. Similarly, where an assessor identifies that a child is undertaking a caring role this will trigger a young carer's assessment and the assessor will consider how supporting the adult with needs for care and support can prevent the young carer from taking excessive or inappropriate care and support responsibilities. The Council recognises the importance of considering the support from family, friends or others in the context of an individual's support network and understanding how their needs may be prevented, delayed or reduced by others in the community rather than by more formal services.

6. Funding contributions for preventative support

Barnet Council may charge for the provision of certain preventative services, facilities or resources. When deciding whether to charge for a particular service, the Council will weigh up the outcomes of the relevant needs, carer's and or financial assessment, affordability and viability of the activity with the likely impact that charging may have on uptake.

When charging for any type of preventative support, the Council will take reasonable steps to ensure that any charge is affordable for the individual concerned. In such circumstances, a light touch approach to financial assessment will be adopted to ensure that those who can afford to pay are charged appropriately.

As with the existing arrangements, care and enablement will be provided to those who need it free of charge for a period of up to 6 weeks. This is for all adults irrespective of whether their needs for ongoing care and support are eligible or not.

Where intermediate care or enablement is provided as part of a package of care and support to meet eligible needs this will be provided free of charge for up to 6 weeks.

Minor aids and adaptations up to the value of £1000 will also be provided free of charge.

7. Equality impact assessment

This Prevention Policy is one of a number of policies flowing from the Care Act 2014. The Equality Impact Assessment in respect of these policies can be found here: [EqA on Local Care Act policies](#).

8. Related policies, procedures or strategies

- Prevention Strategy
- Information and Advice Policy
- Information and Advice Strategy
- Joint Strategic Needs Assessment
- Health and Wellbeing Strategy
- Fairer Contributions Policy

9. Policy status and transition arrangements

This Prevention Policy will apply when the relevant commencement order brings into force relevant statutory provisions. It is intended that this commencement order will be made in April 2015.

10. Review of policy

This Prevention Policy will be reviewed annually or earlier as required by policy or legislation changes or in line with the proposed Prevention Strategy. Any proposed significant amendments to this policy will be subject to consultation.

11. Contact information / further guidance

Further advice and guidance is available from the Prevention and Wellbeing Team via email on preventionandwellbeing@barnet.gov.uk

Barnet Social Care Direct: 0208 359 5000

Barnet Social Care Connect: www.barnet.gov.uk/socialcareconnect

Appendix 1

Subject Area	Statutory framework	Regulations	Guidance
Wellbeing	Care Act 2014 Section 1		Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 1: Promoting wellbeing
Preventing needs for care and support	Care Act 2014 Section 2	The Care and Support (Preventing Needs for Care and Support) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 2: Preventing, reducing or delaying needs
Charging for providing or arranging for the provision of services, facilities or resources	Care Act 2014 Section 2	The Care and Support (Preventing Needs for Care and Support) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 2: Preventing, reducing or delaying needs
Charging for intermediate care and reablement		The Care and Support (Charging and Assessment of Resources) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 2: Preventing, reducing or delaying needs
Information and Advice	Care Act 2014 Section 4		Care and Support Statutory Guidance issued under the Care Act 2014 : Chapter 3: Information and advice

APPENDIX 3

Information, Advice and Advocacy Policy

London Borough of Barnet

POLICY COVER SHEET

POLICY NAME	Information and Advice Policy		
Document Description	This document sets out Barnet Council's broad responsibilities to provide information and advice for care and support services for adults and support services for carers pursuant to the Care Act 2014.		
Document Author 1) Team and 2) Officer and contact details	1) Business Improvement Team 2) Hema Parmar, hema.parmar@barnet.gov.uk		
Status (Live/ Draft/ Withdrawn)	Draft	Version	Draft 3
Last Review Date	January 2015	Next Review Due Date	April 2016
Approval Chain:	Adults and Safeguarding Committee	Date Approved	19 March 2015

VERSION CONTROL

Version number	Date	Author	Reason for New Version
Draft 1	12 January 2015	Hema Parmar	New draft policy to set out duties under the Care Act 2015.
Draft 2	27 January 2015	Hema Parmar	Minor revisions to (1) incorporate comments from Project Lead and (2) amend formatting aligned to corporate policy style guide.
Draft 3	27 Feb 2015	Hema Parmar	Further revisions to incorporate feedback from Dawn Wakeling and Karen Morrell.
Draft 4	3 March 2015	Hema Parmar	Further revisions, in particular, fleshing out independent advocacy (section 6)
Drafts 5 – 7	11 March 2015	Alan Mordue	Further revisions arising from clearance and proof reading.

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1. Introduction

The Care Act 2014 places a duty on local authorities to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. This document sets out Barnet Council's general responsibilities and objectives.

2. Purpose

Barnet Council (the Council) recognises that information and advice is fundamental to enabling people, carers and families to take control of and make well-informed choices and decisions about their care and support and how they fund it. The Council's objective is to ensure clear, accurate and sufficient information and advice is available and accessible to all adults in Barnet. This will be achieved by working in partnership with people with care and support needs, carers, the wider community, statutory partners, in particular health partners, the voluntary sector and other providers of information and advice locally, regionally and nationally, to identify what is already available, what is needed locally in Barnet and how and where this will be provided. This will further be informed by the Council's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

3. Key definitions applicable to this policy

3.1. Information

This means the communication of knowledge and facts regarding care and support.

3.2. Advice

This means helping a person to identify choices and or providing an opinion or recommendation regarding a course of action in relation to care and support.

3.3. Advocacy

This means supporting a person to understand information, express their needs and wishes, secure their rights, represent their interests and obtain the care and support they need.

3.4. Financial information and advice

This includes a range of services to help people plan, prepare and identify how to pay for their care costs. Where it is not appropriate for Barnet Council to provide this directly, adults and carers will be helped to understand how to access independent financial advice.

4. Legal framework

The statutory duty is set out in section 4 of the Care Act 2014. In compliance with this duty the Council will establish and maintain a service for providing people in Barnet with information and advice relating to care and support for adults and support for carers.

This service will provide information and advice on the following matters¹:

- (a) the care and support system in Barnet and how this operates;
- (b) the choice of types of care and support and the choice of providers available to those in Barnet;
- (c) how to access the care and support that is available;
- (d) how to access independent financial advice on matters relating to care and support;
- (e) how to raise concerns about the safety or wellbeing of an adult who has care and support needs.

In providing information and advice the Council will also -

- (a) have regard to the importance of identifying adults in Barnet who would be likely to benefit from financial advice on matters relevant to the meeting of needs for care and support, and
- (a) seek to ensure that information and advice provided is sufficient to enable adults to identify matters that are or might be relevant to their personal financial position, to make plans for meeting needs for care and support that might arise, and to understand the different ways in which they may access independent financial advice on matters relevant to meeting needs for care and support.

This policy is written in accordance with the statutory framework and guidance. The relevant provisions are set out in Appendix 1 of this document.

5. Scope of duty to provide information and advice

5.1. To whom does this policy apply?

This duty applies to **all** people in Barnet and is not limited to those with care and support needs or those already known to Adults and Communities in Barnet.

¹ Section 4(2) Care Act 2014

This duty to provide information and advice is distinct from the duty to meet eligible needs for adults with care and support needs and carers with support needs.

The audience for this group is very broad and the Council will work in partnership with the local community, local advice and information providers and commissioned providers to ensure that the right information and advice is provided, taking into consideration national and regional provision and other relevant information and advice e.g. health advice through health checks. The Council recognises that those who are most likely to need such information and advice are those listed below, however, this is not intended to be an exhaustive list:

- people wanting to plan for their future care and support needs;
- people who may develop care and support needs;
- people who have not yet presented to Barnet Council for assessment but are likely to be in need of care and support;
- people who become known to Barnet Council (through referral, including self-referral), at first contact where an assessment of needs is being considered;
- people who are assessed as currently being in need of care and support;
- people whose eligible needs for care and support Barnet Council is currently meeting (whether it is paying for some, all or none of the costs of meeting those needs);
- people whose care and support or support plans are being reviewed;
- family members and carers of adults with care and support needs;
- adults who are subject to safeguarding concerns;
- people who may benefit from financial information and advice regarding care and support;
- care and support staff who have contact with and provide information and advice as part of their jobs.

5.2. When will information be provided

The Council will provide or signpost to information and advice when people in need of care and support come into contact with the adult social care service or other Council services, for example, the children's service. The Council will also use wider opportunities to provide targeted information and advice, for example, at hospital discharge, diagnosis of health conditions, contact with local support groups or change in housing.

Delivery of information and advice will take place through the implementation of an Information and Advice Strategy, which will set out the service and operational details in compliance with the statutory guidance. This will include information and advice at the first point of contact, as part of a person's needs assessment or carer's assessment, during and following a financial assessment and during the care and support planning and review process, as well as the other examples cited in the guidance. Current information and advice services are listed in section 10 of this document.

5.3. How will information be provided

The Council will provide information in a variety of different formats including printed products with important materials in easy to read formats, leaflets, posters and digital information. Information channels will include face to face contact, telephone services, and materials available in community settings, such as libraries. Information and advice on the Barnet Council website in relation to care and support will meet the Web Content Accessibility Guidelines and guidance set out in the Government Digital Service's (GDS) manual².

The Council's Information and Advice Strategy will set out how it will ensure that information and advice is accessible to all potential users and that the content meets the requirements of a range of groups.

The type, extent and timing of information and advice will be appropriate and proportionate to the needs and circumstances of the individual concerned. More complex issues may require more intensive and more personalised information and advice to help people to understand the choices available to them. General enquiries may require a less intensive approach.

The Council's focus will be on enabling people to access what they need through a tailored range of services that will enable people to navigate their journey through the care and support system. In doing this, the Council will work closely with partners and other providers of information and advice or commissioned services to ensure people get the right information and advice at the right time and that there is a joined up approach.

5.4. Financial information and advice

The Council will support people to make well-informed and sustainable financial decisions by signposting and helping them access tailored information and advice, wider sources of information and advice, including those available nationally as well as regulated or non-regulated financial advice. Where appropriate, assessors will facilitate access to financial information and advice, which is impartial and

² <https://www.gov.uk/service-manual/user-centred-design/accessibility.html>

independent of the Council. This will include access to generic free and fee-based advice as well as services providing financial advice by advisors who are qualified, accredited and regulated by the Financial Conduct Authority.

Where a person lacks capacity, the Council will establish whether a person has a deputy of the Court of Protection or a person with Lasting Power of Attorney acting on their behalf.

5.5. Contributions to care costs

The Council will provide information to help people understand potential financial contributions to care and support. This will ensure people understand:

- what they may have to contribute and why
- when contributions become payable
- the contributions framework and how contributions are calculated
- the means tested support available
- additional costs also known as top-ups
- how care and support choices may affect costs
- the capped costs system (effective from April 2016)

6. Independent advocacy

Prior to the first point of contact with the Council there may be some individuals who require an independent advocate to access information and advice. As stated in paragraph 5.1 above, this policy to provide information and advice applies to all people in Barnet irrespective of whether they have care and support needs or whether they are known to the Council. Reasonable adjustments will be made to ensure that disabled people have access to information and advice services, for example, the format of information and provision of communication support. The Information and Advice strategy will set out how the Council will ensure that information and advice services are accessible to all.

From the first point of contact with the Council, request or referral (including self-referral) or a person comes to the attention of the Council as a result of a safeguarding concern, they must be actively involved in identifying their needs through the assessment, in developing their care and support plan and in leading their care reviews, where relevant and being involved in any safeguarding enquiry or Safeguarding Adult Review³. For those individuals who have a substantial difficulty

³ Pursuant to s44 Care Act 2014

in being involved in these processes, consideration will be given as to whether there is anyone appropriate who can support the individual to be fully involved (for example, a carer who is not professionally engaged or paid, a family member or friend). If there is no-one appropriate, the Council will make arrangements for an independent advocate to represent and or speak on the behalf of the individual in the assessment, care and support planning and the review.

In determining whether a person has a substantial difficulty in being involved with the assessment, care planning or care review processes, the Council will consider the following four criteria:

- whether the individual understands relevant information;
- whether the individual is able to retain information;
- whether the individual is able to weigh up information, in order to fully participate fully and express preferences for or choose options; (for example weighing up advantages and disadvantages of moving into a care home);
- the individual's ability to communicate their views, wishes and feelings.

This policy applies equally to those whose needs are being jointly accessed by the NHS and the Council or where a 'joint package' of support is planned, commissioned or funded by both the Council and the Clinical Commissioning Group.

Some people who qualify for advocacy under the Care Act 2014 will also qualify for advocacy under the Mental Capacity Act 2005. In such circumstances, the same advocate can provide support to enable seamless advocacy services and the individual not having to repeat their story to different advocates.

Independent advocacy will also be re-considered if an individual's ability to be involved in the assessment, care and support planning or review processes changes, the circumstances change (for example, an appropriate person is no longer able to support the individual), or the criteria set out in paragraph 6.3 above are subsequently met.

7. Equality impact assessment

This Information and Advice Policy is one of a number of policies flowing from the Care Act 2014. The Equality Impact Assessment in respect of these policies can be found here: [EqA on Local Care Act policies](#)

8. Related policies, strategies and procedures

- Information and Advice Strategy
- Prevention Policy and Strategy

- Assessment and Eligibility Policy (Adults in need)
- Assessment and Eligibility Policy (Carers)
- Fairer Contributions Policy
- Choice of Accommodation Policy

9. Policy status and transition arrangements

This Information and Advice Policy will apply when the relevant commencement order brings into force relevant statutory provisions. It is intended that this commencement order will be made in April 2015.

10. Review of the policy

This Information and Advice Policy will be reviewed annually or earlier as required by policy or legislation changes. Any major amendments to this policy will be subject to consultation.

11. Contact information / further guidance

Further advice and guidance is available from the Prevention and Wellbeing Team via email on preventionandwellbeing@barnet.gov.uk

Barnet Social Care Connect: <https://www.barnet.gov.uk/citizen-home/adult-social-care/social-care-connect>

Barnet Social Care Direct can be contacted via telephone on 0208 359 5000.


Additional information can also be found on the following websites:

- the NHS Choices website, which contains online quality profiles of registered care providers in local areas: <http://www.nhs.uk/CarersDirect/Pages/CarersDirectHome.aspx>
- Carers Direct – national telephone helpline: Tel 0300 123 1053 <http://www.carersuk.org/help-and-advice/practical-support/care-act-2014/care-act-faq>
- Money Advice Service: <https://www.moneyadviceservice.org.uk/>
- the Care Quality Commission website: <http://www.cqc.org.uk>
- the Local Government Ombudsman: www.lgo.org.uk
- consumer websites providing people with information and advice, including on managing their finances well, for example <http://www.which.co.uk/elderly-care>

- national charities and/or advice services supporting people with disabilities or older people and those with expert knowledge of specific conditions (e.g. deaf blind). For example, <http://www.ageuk.org.uk/>; <http://www.independentage.org/>; <http://www.alzheimers.org.uk/> and <http://www.sense.org.uk/> and their national telephone advice/help lines
- national charities and advice services for carers, for example <http://www.carersuk.org/> or <http://www.ageuk.org.uk/>
- national resources related to housing, accommodation and housing related support, for example <http://www.firststopcareadvice.org.uk/> <http://wwwFOUNDATIONS.uk.com/home>

Appendix 1

Subject Area	Statutory framework	Regulations	Guidance
Wellbeing	Care Act 2014 Section 1		Care and Support Statutory Guidance issued under the Care Act 2014 ; Chapter 1: Promoting wellbeing
Duty to establish and maintain a service	Care Act 2014 Section 4		Care and Support Statutory Guidance issued under the Care Act 2014 ; Chapter 3: Information and Advice
Audience for information and advice	Care Act 2014 Section 4		Care and Support Statutory Guidance issued under the Care Act 2014 ; Chapter 3: Information and Advice
Accessibility of information	Care Act 2014 Section 4 Health and Social Care Act 2012	No Regulations issued. Note information standards published by the Information Standards Board for Health and Social Care	Care and Support Statutory Guidance issued under the Care Act 2014 ; Chapter 3: Information and Advice
Preventing needs for care and support	Care Act 2014 Section 2	The Care and Support (Preventing Needs for Care and Support) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 ; Chapter 2: Preventing, reducing or delaying needs
Independent Advocacy	Care Act 2014 Section 67-68	The Care and Support (Independent Advocacy) Regulations 2014	Care and Support Statutory Guidance issued under the Care Act 2014 ; Chapter 7: Independent Advocacy

AGENDA ITEM 12	
 <p>Adults & Safeguarding Committee 19 March 2015</p>	
Title	Corporate Grants Programme, 2014/15 – grant applications
Report of	Deputy Director of Finance & Deputy Chief Operating Officer
Wards	All
Status	Public
Enclosures	Grant assessments: <ul style="list-style-type: none"> • Appendix A - Community Health and Development Foundation • Appendix B - Middle Eastern Women and Society Organisation
Officer Contact Details	Ken Argent, Grants Manager, Finance, Commissioning Group (ken.argent@barnet.gov.uk) (020 8359 2020) Caroline Chant, Joint Commissioning Manager – Older Adults, Adults & Communities and Barnet Clinical Commissioning Group (caroline.chant@barnet.gov.uk) (020 8359 4259)

Summary
This report attaches assessments of grant applications by two not-for-profit organisations.

Recommendations
<p>(1) That, for the reasons set out in the relevant assessment, the application for a grant by Community Health and Development Foundation is not supported.</p> <p>(2) That a one-year start-up grant of £6,500 be awarded to Middle Eastern Women and Society Organisation, subject to the council’s Standard Conditions of Grant Aid and the special conditions shown in the grant assessment enclosed.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 Voluntary and community organisations may apply for a one-year start-up grant of up to £10,000 or a one-off grant of up to £5,000 from the corporate grants programme.
- 1.2 The power to award grants of more than £5,000 to voluntary and community groups is contained in the terms of reference of theme committees in the council's constitution - annexe A of Responsibilities for Functions.

2. REASONS FOR RECOMMENDATIONS

- 2.1 These are as set out in the assessments of the two grant applications in question herewith.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4. POST DECISION IMPLEMENTATION

- 4.1 The applicants will be formally notified of the decisions.
- 4.2 The grant to Middle Eastern Women and Society Organisation will be payable in instalments following compliance with the special conditions contained in the assessment.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Corporate Plan for 2013-16 includes the following strategic objectives:

- Creation of the right environment to promote responsible growth, development and success across the borough
- Supporting families and individuals that need it – promoting independence, learning and well-being
- Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study

- 5.1.2 The outcomes around which these objectives are prioritised include:

- To promote a healthy, active, independent and informed population
- To increase resilience amongst older people and help them to age well

- 5.1.3 The council is seeking to develop new and effective partnerships to deliver high quality public services having regard to the significant reduction in government funding. The voluntary and community sector has a significant

role to play in this strategy, especially by increasing choice, accessibility and value for money, leading on innovative solutions and improving customers' perception of public services.

5.1.4 A Third Sector Commissioning Framework, approved by the Cabinet Resources Committee in 2008, sets out guidelines to:

- bring consistency to the council's financial arrangements with the voluntary and community sector; and
- bring procurement from, and grants to, the sector into a single framework consistent with the council's procurement rules

5.1.5 The grants programme offers help to voluntary and community organisations (a) to develop new services and activities and (b) to run a community event or meet certain non-recurring items of expenditure.

5.1.6 All applications are assessed on their individual merits against the council's policy objectives; the benefits to the local community; the effectiveness of the organisation in its service delivery; its overall value for money; its financial needs; and the budget for making awards each year. In the case of start-up grants, the apparent or likely viability of a proposal in the years following the council's twelve-month funding is a critical factor.

5.1.7 The application by Middle Eastern Women and Society Organisation fulfils these criteria and is recommended for an award. The application by Community Health and Development Foundation is not supported on the grounds that has not been possible to determine its skills and capability to deliver its proposals, which may in any event duplicate the work of other voluntary groups.

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

5.2.1 The provision for making start-up and one-off grants in 2014/15 is comprised of funds deriving to the authority from the Edward Harvist Charity; a small annual allocation from the former Borough Lottery Scheme; and a one-off contingency fund.

5.2.2 The current position on the funding available in 2014/15, which reflects the sum that has been drawn down to the corporate grants programme from the council's share of income from the Edward Harvist Charity, to be supplemented, if necessary, from further income from the charity held in an accumulated balance, is as follows:

Budget item	Funding available, 2014/15	Approvals to date	Balance remaining	Recommended herewith
Edward Harvist Charity	£44,390	£24,680	*£19,710	£6,500
Former Borough Lottery Fund	£15,000	£10,800	£4,200	0
Contingency	£45,000	0	£45,000	0
TOTAL	£104,390	£35,480	£68,910	£6,500

(* further grant recommendations for approval by other committees or under delegated powers in March will further reduce this balance after allowing for the grant recommended)

5.3 Legal and Constitutional References

5.3.1 The council has power to make grants awards under section 1 of the Localism Act 2011.

5.4 Risk Management

5.4.1 All grants are made subject to the council's Standard Conditions of Grant Aid, with which applicants are required to signify their compliance by signing a written undertaking. Amongst other things, the conditions cover how awards are spent, allowing council officers a right of access to proof thereof, and requiring notification of any change in an organisation's circumstances which significantly affect its finances, operations or grant entitlement. The council reserves the right to withhold payment of any approved grant, or to demand full or partial repayment, if it appears that an organisation has failed to comply with any of the conditions attached to the award.

5.4.2 The shift towards greater community involvement in the delivery of services has involved some relaxation in the attitude traditionally taken to compliance with eligibility criteria before an award is recommended. Whilst all applicants are expected to satisfy basic governance requirements, such as having an independent management committee, it is accepted that community-led and self-help groups often require the support of a parent organisation or other agency. In cases such as these, account is taken of other relevant factors, such as knowledge of a supporting agency and mechanisms to manage an applicant's financial affairs. All applicants are expected to work towards full independence within a reasonable period.

5.5 Equalities and Diversity

5.5.1 Under section 149 of the Equality Act 2010, the council and all other organisations exercising public functions must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by or under the Act;
- 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 daily business and keep them under review in decision making; the design of policies; and the delivery of services.

5.5.2 All voluntary and community organisations grant-aided by the council are required to demonstrate that they have an equal opportunities policy covering users, staff and volunteers, which promotes equal treatment for all irrespective of their age, disability, gender, sexuality, ethnic background, faith, health, language or social and economic background. Scrutiny of compliance with these considerations, and how they contribute to promoting good relations between people and communities, forms part of the standard procedure for assessing all applications.

5.5.3 Awards from the corporate grants programme fund projects and activities in support of people from all communities and focus particularly on those who may be regarded as vulnerable. The recommendation not to award a grant to Community Health and Development Foundation is not considered to be prejudicial to the community in question because of the existence of other voluntary organisations that support the same needs.

5.6 Consultation and Engagement

5.6.1 The applications in question have been assessed in conjunction with the Joint Commissioning Unit for Older Adults, Adults & Communities.

6. BACKGROUND PAPERS

6.1 Cabinet Resources Committee, 22 July 2008 (decision item 11): approval of a Third Sector Commissioning Framework.

6.2 Council, 4 March 2014: approval of corporate grants budget for 2014/15.

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Appendix A

GRANT APPLICATION 2014/15 – ASSESSMENT AND RECOMMENDATION

Priority Corporate Outcomes	To promote a healthy, active, independent and informed over-55 population To increase resilience amongst older people and help them to age well	
Organisation	COMMUNITY HEALTH AND DEVELOPMENT FOUNDATION	ref 83/C/CTY
Address	11 Summerfield Avenue, N12	

Corporate policy, aims and objectives

The council is committed to helping people to be independent and live active lives, recognizing that some people need more support than others to achieve this. The transformation of adult health and social care set out in the Care Act 2014 and Department of Health publications 'Our Health, Our Care, Our Say' and 'A Vision for Social Care, Capable Communities and Active Citizens' places growing emphasis on preventative services; delivering targeted information and advice; ensuring people have the right support at the right time; and enabling people to plan for later life.

The Older Adults Strategy, 'Living Longer, Living Better', and the Older People's Commissioning Strategy, 2008-17, 'Independence, Choice and Control', focus on developing preventative services; tackling inequalities; and the wider well-being agenda. Barnet's Health and Well-Being Strategy and Integrated Care Model seek to encourage residents to take responsibility for their own health and well-being and to ensure that, when support is needed, health and social care services work together to facilitate timely and effective solutions. The provision of culturally specific services to support older people from minority ethnic communities is a key element of each strategy to overcome the problems of social exclusion.

Activities / proposal

The Community Health and Development Foundation (CHDF) is a registered charity and company limited by guarantee formed in January 2014 by members of another, now defunct, voluntary group, the Equatorial Women's Association, primarily aimed at improving the health and well-being of the African community in Barnet. Its published charitable objectives are broader and include addressing the needs of older people in the community generally and the issues of unemployment amongst black and minority ethnic young people and the number of such in the criminal justice system.

CHDF states that it has spent much of the last year networking in the community and identifying isolated and potentially vulnerable older people in need of support. Volunteers, mainly drawn from the congregations of local churches, have befriended a dozen or so elderly members of the African community living in and around North Finchley, many of whom are Sudanese. CHDF is also been active in the London Borough of Camden, where there is a large Sudanese community.

This application relates to proposals to develop a health improvement programme for the African community in North Finchley, mainly targeting older people, through the provision of workshops promoting healthy eating and healthier lifestyles, focusing particularly on the incidence of diabetes, prostate cancer, strokes, HIV/AIDS and mental health problems. CHDF states that a variety of factors including immigration status, poor housing, unemployment and cultural beliefs linked to diet, alcohol, smoking and exercise disproportionately impact on the health of the African community, compounded by the impediments of illiteracy and language

barriers to accessing health and social care services.

On a more strategic level, the project seeks to be a health advocate for the African community at large and to create a mechanism through which vulnerable older African people are linked to health and social care providers. It expects to work with up to 150 people over the next twelve months. Other aspirations include the creation of a lunch and social club for the elderly.

Adults & Communities acknowledge the potential benefits of targeting work at ethnic communities more at risk of developing certain health conditions, supplementing existing initiatives such as stroke awareness amongst minority communities and other work with community groups through the Barnet Neighbourhood Group (BNG), the voluntary and community sector consortium commissioned to provide activities and services to older people.

However, CHDF has had no contact with the council prior to the submission of this application and it has not been possible to determine its skills and capability to deliver its proposals. A risk also exists of duplication with the work of other groups including the Barnet Afro-Caribbean Association, a member of BNG, and the African Cultural Association. A grant is not therefore recommended.

Consideration will be given to a new application if CHDF establishes a dialogue with these groups and/or the BNG and can demonstrate its credentials and evidence of unmet needs.

Cost and financial need

The request is for a grant of £10,000 to establish the health improvement programme, of which £5,800 is to employ a part-time health development worker; rent an office, yet to be found; and buy office equipment. Total expenditure for 2015 is shown as £22,200 on the basis of obtaining a grant of £10,000 from the Big Lottery Awards for All Scheme (in support of volunteer befriending), yet to be determined, and other charitable funding.

CHDF states that it intends to apply for a ('Reaching Communities') grant from the Big Lottery Fund to sustain the health improvement programme.

Meanwhile, it continues to rely entirely on the support of volunteers to deliver its befriending work, both in Barnet and Camden. At present it has no income and has yet to produce accounts for 2014.

Grant recommendation, type and conditions

NIL

Date: February 2015

Appendix B

GRANT APPLICATION 2014/15 – ASSESSMENT AND RECOMMENDATION

Priority Corporate Outcomes	To promote a healthy, active, independent and informed over-55 population To increase resilience amongst older people and help them to age well	
Organisation	MIDDLE EASTERN WOMEN AND SOCIETY ORGANISATION	ref 267/C/CTY
Address	Durham Road Resource Centre, 86 Durham Road, N7	

Corporate policy, aims and objectives

The council is committed to helping people to be independent and live active lives, recognizing that some people need more support than others to achieve this. The transformation of adult health and social care set out in the Care Act 2014 and Department of Health publications 'Our Health, Our Care, Our Say' and 'A Vision for Social Care, Capable Communities and Active Citizens' places growing emphasis on preventative services; delivering targeted information and advice; ensuring people have the right support at the right time; and enabling people to plan for later life.

The Older Adults Strategy, 'Living Longer, Living Better', and the Older People's Commissioning Strategy, 2008-17, 'Independence, Choice and Control', focus on developing preventative services; tackling inequalities; and the wider well-being agenda. Barnet's Health and Well-Being Strategy and Integrated Care Model seek to promote the health and well-being of older and disabled people, helping them to achieve key outcomes, including the best possible quality of life, and to remain part of the community. The provision of culturally specific services to support older people from minority ethnic communities is a key element of each strategy to overcome the problems of social exclusion.

Activities / proposal

Middle Eastern Women and Society Organisation (MEWSO) is a registered Islington-based charity formed in 2010 whose core aims are to help women from refugee and minority ethnic communities from the Middle East to integrate into British society; to protect themselves from discrimination and domestic violence; and to develop their independence. Clients are mainly Arabic, Kurdish and Turkish-speakers from Afghanistan, Iraq, Jordan, Kurdistan, Lebanon and Syria living in north London, of which 50% (500) are from Barnet. Core activities, largely delivered on an outreach basis, comprise:

- * volunteer-led befriending women at risk of social isolation;
- * one-to-one and group counselling;
- * health-related workshops;
- * advice, guidance and advocacy.

In Barnet. MEWSO currently runs a weekly exercise class for 50 women and group therapy at North Finchley Library; a swimming club; and dance therapy and stress management courses.

This application seeks help to establish a weekly social and activity club at Trinity Church Centre (in N12) specifically for older people (aged 50+), both men and women, living in Barnet in response to demand for help to self-manage health and well-being. The club will include exercises; talks and discussions led by visiting speakers on health and other issues; lunch; and music, dancing and games. It will initially have a weekly capacity of 35. Although targeted at older people from the Middle Eastern communities served by MEWSO, membership will ~~201~~

open to older people from all communities in support of integration

The primary objectives are to reduce isolation and inequalities; support people to change behaviour, such as to become more physically active; and promote healthy living.

The proposal is supported by Adults & Communities on the basis of how it complements the emphasis on prevention, self-help and well-being amongst older people, especially those from minority ethnic communities. There are no existing activities in the borough specifically for older people from the Middle Eastern countries identified. A commitment to target especially isolated older people and alignment with the Barnet Neighbourhood Group, the voluntary and community sector consortium commissioned to provide activities and services to older people, should be conditions of any award in support of the new club.

Cost and financial need

MEWSO operates on the basis of mainly fixed-term grants which support its various projects. It receives no core funding. Activities are mainly led by volunteers with some professional input. Expenditure in 2014/15 is shown as £21,240, of which £15,000 is the cost of two paid part-time workers (an activities co-ordinator and a counsellor) funded by the Big Lottery and Comic Relief. Donations and the proceeds of fundraising make up the balance of income in the absence of any fees or charges. Net current assets at 31/3/2014 were £18,675, which was an entirely restricted sum made up of the balances of the Big Lottery and Comic Relief grants (each of £10,000), paid in that year but extending into 2014/15.

A grant of 10,000 is sought towards the cost of launching and running the social and activity club for older people over the next twelve months, shown as £19,400, on the basis that it will be financially sustainable from year two onwards. The budget, based on delivery over 40 weeks, includes room hire costs (£6,000); the cost of a part-time co-ordinator (£3,000) and a fitness instructor and visiting speakers (£1,400); equipment hire; transportation; publicity; and administration. The provision of lunch (£5,600) will be self-supporting through the imposition of a charge. MEWSO states that it will defray the overall shortfall of £3,400 by way of fundraising.

The club's sustainability is predicated on the introduction in year two of an admission charge; subsidisation by a craft-based social enterprise to be created by MEWSO; business sponsorship; and fundraising within the Middle Eastern community.

The grant recommended, which is in line with other recent grants in support of developing the range of activities in Barnet for older people, including those with personalised budgets, is on the basis that a general admission charge should be introduced in year one, perhaps after an initial taster period, and the scope that exists to reduce some elements of the budget, such as purchasing equipment instead of hiring it.

Grant recommendation, type and conditions

£6,500 (from Edward Harvist Charity)

Start-up grant

One-off grant

Special conditions:

Payment of the award should be made subject to (a) membership of the new club being restricted to Barnet residents only; (b) receipt of a revised balanced budget; (c) agreement of an implementation plan, to include a strategy for targeting isolated older people and milestones for monitoring purposes; (d) collaboration with the Barnet Neighbourhood Group of providers of social welfare support for older people; and (e) the receipt of quarterly progress reports and 202

undertaking to provide an evaluation of the club at the end of twelve months.

Target grant outcomes

- (a) To maintain the independence, and improve the quality of life, health and well-being, of vulnerable elderly people from the Middle Eastern and other minority ethnic communities and
- (b) to support their integration into the wider community.

Date: February 2015

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	AGENDA ITEM 13
	Adults & Safeguarding Committee 19 March 2015
Title	Community Focus – Extension of Funding Agreement, 2015/16
Report of	Deputy Director of Finance & Deputy Chief Operating Officer
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Ken Argent, Grants Manager, Finance, Commissioning Group (ken.argent@barnet.gov.uk) (020 8359 2020) Stephen Evans, Director of Strategy (stephen.evans@barnet.gov.uk) (020 8359 3021)

<h3>Summary</h3>
This report seeks approval to extend funding of Community Focus (CF) through an existing funding agreement to 31 March 2016.

<h3>Recommendations</h3>
<p>(1) That, subject to the council’s Standard Conditions of Grant Aid, the existing funding agreement with Community Focus, subsidising places on its courses for older and disabled people to improve their resilience and capacity to live independently, be extended for a further twelve months beyond 2014/15 to 31 March 2016.</p> <p>(2) That a grant of £51,300 to Community Focus be approved for 2015/16.</p> <p>(3) That the Chief Operating Officer and Director of Finance be authorised to finalise terms and conditions in relation to the grant.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 The existing funding agreement with CF expires on 31 March 2015.
- 1.2 The power to award grants of more than £5,000 to voluntary and community groups is contained in the terms of reference of theme committees in the council's constitution - annexe A of Responsibilities for Functions.

2. REASONS FOR RECOMMENDATIONS

- 2.1 These are set out in section 5 below.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4. POST DECISION IMPLEMENTATION

- 4.1 The terms and conditions of the grant to CF in 2015/16 will be determined in consultation with the organisation, for approval by the Chief Operating Officer and Director of Finance.
- 4.2 The grant will be released termly in advance, linked to the achievement of targets and outcomes in 2015/16.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Corporate Plan for 2013-16 includes the following strategic objectives:

- Creation of the right environment to promote responsible growth, development and success across the borough
- Supporting families and individuals that need it – promoting independence, learning and well-being
- Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study

- 5.1.2 The Older Adults Strategy, 'Living Longer, Living Better', and the Older People's Commissioning Strategy, 2008-17, 'Independence, Choice and Control', focus on developing preventative services; tackling inequalities; and the wider well-being agenda. Barnet's Health and Well-Being Strategy and Integrated Care Model seek to promote the health and well-being of older and disabled people, helping them to achieve key outcomes, including the best possible quality of life, and to remain part of the community.

- 5.1.3 The commissioning strategy espouses the development of more day care choices for individuals and carers. The provision of educational and creative activities, such as by CF, supports this objective whilst promoting social integration; community cohesion; and pride in the borough.

5.1.4 CF, a registered charity formed in 1978, is a unique and specialised resource in Barnet aimed at encouraging disabled and older people to participate in the arts in pursuit of personal development; social interaction; equality; and lifelong learning. It offers courses and workshops to a range of disadvantaged people whose participation in the arts is limited and who lack stimulation and are at risk of social exclusion.

Funding Agreement, 2011/15

5.1.5 In 2011, in line with the phasing out of core funding of voluntary and community groups, an annual revenue grant awarded to CF towards running costs was replaced by commissioning an outcome-based programme of art work targeted at specific groups of people. A three-year agreement, extending to 31 March 2014, was negotiated with CF based on subsidising the fees payable for attendance on its courses by:

- older people (over 55s)
- people with disabilities including sensory impairment
- people with mental health problems including dementia
- people with learning disabilities

5.1.6 The agreement was extended in 2013 to the end of 2014/15.

5.1.7 The primary aim of the agreement is to help clients build individual resilience and continue to live independently as far as possible through involvement in arts-based activities. It focuses resources on the key client groups compared to only about two thirds of the funds previously invested in the organisation through the annual core grant. The funding formula pays £126.21 towards each subsidised place, leaving CF with a similar sum or more to defray from fundraising to cover the full cost.

5.1.8 The agreement requires CF to provide a personalised service to disabled people and people with special needs, with staff and volunteers facilitating severely disabled users. This means that courses cater for small numbers of people – in most cases a maximum of fifteen at a time – and that CF maintains a staff-client ratio of at least one tutor and one to two volunteers to ten to twelve service users in each activity, depending on the needs of the client group.

5.1.9 The agreement is also geared towards the development and delivery of courses on an outreach basis in the community to improve access to residents living in all parts of the borough, especially more deprived wards in the west of the borough. Two-thirds of the annual subsidy is linked to attendance at courses away from CF's base, now at Friary House, primarily in Burnt Oak, Childs Hill, Colindale, Golders Green, Hale, Hendon and West Hendon Wards.

5.1.10 The main outcomes measured are that people feel more able to deal with challenging life circumstances; feel able to access appropriate support mechanisms where needed; are less likely to access statutory services; are

ready to work or volunteer in mainstream settings; and / or feel that their participation on courses has helped them to attain their own personal goals or develop skills to do so.

Performance

- 5.1.11 In 2011/12 (year 1), the outreach-related target for the year was modified by removal of the discrimination between outreach places in the selected west of borough wards and those in other parts of the borough because of the length of time involved in creating new outreach locations. With the benefit of that goodwill gesture, CF was able to claim the full subsidy of £83,300 for the year on the basis that 456 out of 660 clients eligible for subsidy attended courses delivered through the emerging outreach programme.
- 5.1.12 In 2012/13 (year 2), CF adhered to the division of subsidy in delivering outreach courses, but the attendance threshold for claiming such was relaxed because of a problem of maintaining participation throughout a ten-week or a twelve-week course by clients with senile dementia, who constituted a high proportion of clients at a number of new outreach locations. Of 597 clients eligible for subsidy, 397 attended courses in the community, enabling CF to claim the full subsidy for the year of £75,300.
- 5.1.13 In 2013/14 (year 3), the total number of clients eligible for subsidy exceeded the overall target figure of 533, but the number of eligible clients that attended outreach classes outside of the designated west of borough wards fell short by 13 of the target number of 134. Payment of the full subsidy for the year of £67,300 was on the basis that CF would make up the deficiency in 2014/15.
- 5.1.14 In 2014/15 (year 4), the agreement prescribes that the council will subsidise the fees of up to 188 clients at courses in the west of borough wards; up to a further 118 at courses anywhere else in the borough, except CF's premises; and up to a further 164 at any location. CF's data returns for terms 1 and 2 (April to December) indicate that it is on target to claim this year's full subsidy of £59,300, whilst also making good the previous shortfall.
- 5.1.15 Courses this year (both in-house and in the community) include creative writing; drama; dance; drumming; singing; watercolour painting; ceramics; jewellery making; textiles and print making; photography; visual arts; and computing.
- 5.1.16 Client satisfaction surveys and tutor evaluation of courses are analysed on a termly basis in the interests of quality assurance. Feedback demonstrates a high level of satisfaction with service delivery. A dialogue with managers of residential care homes and other outreach settings highlights how CF's work with some of the most severely disabled clients, in particular those with learning difficulties or suffering from dementia, is positively affecting their quality of life.

Extension of Agreement

5.1.17 The funding agreement with CF has re-modelled the council's financial relationship with the organisation in line with the Third Sector Commissioning Framework, which seeks to harness third sector capacity and strengths in support of corporate priorities; maximise value from funding arrangements with the sector; and bring consistency across the council in how it engages with voluntary and community organisations.

5.1.18 The agreement has brought about greater clarity of what the council's funding achieves, focusing, as it does, on older and disabled people with the greatest needs. It has resulted in diversification and expansion of the service across the borough through development of an outreach programme, which has enabled CF to engage with a larger number of clients with significant disabilities who are unable to access the in-house courses.

5.1.19 It is recommended that the agreement be rolled forward for a further twelve months beyond 31 March 2015 to the end of 2015/16, subject to the imposition of a further grant reduction of £8,000. The committee's consent is also sought to delegating authority to the Chief Operating Officer and Director of Finance to finalise terms and conditions of the grant.

5.1.20 The extension will facilitate a further review of CF's work in the context of future procurement options for supporting and maintaining the independence of older and disabled people, to be carried out in 2015.

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

5.2.1 The council's funding of CF, drawn from earmarked provision for the organisation in the corporate grants budget, has declined year on year since adoption of the new subsidy-orientated model as follows:

2010/11 *	2011/12	2012/13	2013/14	2013/14	4-year change
£87,300	£83,300	£75,300	£67,300	£59,300	-32.1%

* final year of annual core grant

The tapered reduction has reflected the constraints on public expenditure and the pursuit of more clearly defined outcomes and value for money through the conversion of grants into funding commissioning.

5.2.2 A grant of £51,300 is recommended for 2015/16, representing a reduction of £8,000 on the current year's award in line with the progressive reduction of funding under the existing agreement.

5.3 Legal and Constitutional References

5.3.1 The council has power to make grants awards under section 1 of the Localism Act 2011.

5.4 Risk Management

- 5.4.1 All grants to voluntary and community organisations are made subject to the council's Standard Conditions of Grant Aid. Amongst other things, the conditions cover how awards are spent, allowing council officers a right of access to proof thereof, and requiring notification of any change in an organisation's circumstances which significantly affect its grant entitlement. The council reserves the right to withhold payment of any approved grant, or to demand full or partial repayment, if it appears that an organisation has failed to comply with any of the conditions attached to the award.
- 5.4.2 The council has a longstanding funding relationship with CF. The new model based on subsidy per person has successfully replaced an annual core grant. Although grant payments cannot be enforced in law in the same way as a contract, any risk is mitigated in this case as the subsidy is paid only on the basis of individual attendances recorded.

5.5 Equalities and Diversity


- 5.5.1 Under section 149 of the Equality Act 2010, the council and all other organisations exercising public functions must have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by or under the Act and to advance equality of opportunity and foster good relations between people with protected characteristics and those without. The broad purpose of this duty is to integrate considerations of equality into daily business and keep them under review in decision making; the design of policies; and the delivery of services.
- 5.5.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; religion or belief; sex; and sexual orientation. They also cover marriage and civil partnership with regard to eliminating discrimination. CF's services are aimed at some of these groups: older people; people with disabilities; people with mental health problems; and people with learning disabilities.
- 5.5.3 Any organisation providing public sector services is subject to scrutiny by the council to ensure that the delivery of services complies with the public sector equality duty. The funding agreement with CF involves regular client monitoring in relation to the protected characteristics, a procedure that is scrutinised on a termly basis as a key output measure linked to borough demographics.

5.6 Consultation and Engagement

- 5.6.1 Adults & Communities will lead on the review of CF's work in terms of the future procurement options for supporting and maintaining the independence of older and disabled people.

6 BACKGROUND PAPERS

- 6.1 Funding agreement with CF, 2011/15.
- 6.2 Analysis of data collected on a termly basis over the period.

	AGENDA ITEM 14
	<p>Adults & Safeguarding Committee</p> <p>19 March 2015</p>
Title	Adults & Safeguarding Committee Work Programme
Report of	Dawn Wakeling, Adults and Health Commissioning Director
Wards	All
Status	Public
Enclosures	Appendix A - Committee Work Programme March - May 2015
Officer Contact Details	Anita Vukomanovic, Governance Team Leader Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

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

Recommendations
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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**London Borough of Barnet
Adults and Safeguarding
Committee Forward Work
Programme
March 2015 - July 2015**

Contact: Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)
19 March 2015			
Member's Item - Councillor Barry Rawlings	Committee to receive a Member's Item in the name of Councillor Barry Rawlings.		
Commissioning Plan 2015-2020	To agree commissioning priorities for 2015/16.	Family and Community Well-being Lead Commissioner, Later Life Lead Commissioner	
Implementation of the Care Act - Prevention , Information & Advice and duties for Carers	To agree an approach to Information & Advice and Advocacy services in relation to the requirements of the Care Act 2014	Adults and Communities Director, Later Life Lead Commissioner	
Implementation of the Care Act - changes to Adult Social Care and eligibility policies (users and carers)	To receive an update on progress with the implementation of the Care Act.	Adults and Communities Director, Later Life Lead Commissioner	

Subject	Decision requested	Report Of	Contributing Officer(s)
Implementation of the Care Act - Market Management	<p>To agree changes to the ASC process that will enable it to comply with the Care Act 2014.</p> <p>To agree a new policy arising from the Care Act 2014 formalising the new duties of the council where a care provider fails.</p> <p>To agree an approach to how councils can develop a sustainable social care market place to meet the new duties of the Care Act 2014.</p>	Adults and Communities Director, Later Life Lead Commissioner	
Grant funding applications for approval (Extension of Community Focus Grant for 1 year)	To agree new policies in line with the requirements of the Care Act.	Adults and Communities Director, Later Life Lead Commissioner	
Your Choice Barnet Task and Finish Group follow up report	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	
Corporate Grants Programme 2014-15	To agree new policies in line with the requirements of the Care Act	Adults and Communities Director, Later Life Lead Commissioner	
23 April 2015			

Subject	Decision requested	Report Of	Contributing Officer(s)
Future of the Independent Living Fund in Barnet	To consider a 12-month update report from Officers on the approved recommendations of the Your Choice Barnet Task and Finish Group.	Adults and Communities Director	
HealthWatch reports	To receive Enter & View reports from Healthwatch Barnet which relate to the provision of adult social care services.	Adults and Communities Director	
Corporate Grants Programme 2014-15	To review progress made against the implementation plan.	Adults and Communities Director, Later Life Lead Commissioner	