

**MEETING**

**ADULTS AND SAFEGUARDING COMMITTEE**

**DATE AND TIME**

**THURSDAY 23RD APRIL, 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 Anmar Naqvi	Councillor Jim Tierney

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

**Andrew Charlwood – Head of Governance**

Governance Service contact: Salar Rida 020 8359 7113 [salar.rida@barnet.gov.uk](mailto:salar.rida@barnet.gov.uk)

Media Relations contact: Sue Cocker 020 8359 7039

**ASSURANCE GROUP**

## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	
2.	Absence of Members	
3.	Declarations of Members Disclosable Pecuniary Interests and Non-Pecuniary Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Members' Items (if any)	
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11.	Any other items that the Chairman decides are urgent	

### FACILITIES FOR PEOPLE WITH DISABILITIES

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	AGENDA ITEM 7
	<b>Adults and Safeguarding Committee</b> <b>23<sup>rd</sup> April 2015</b>
<b>Title</b>	<b>Your Choice (Barnet) (YCB) - follow up report to Care Quality Commission's (CQC) inspection of the Barnet Supported Living Service, August 2014</b>
<b>Report of</b>	Troy Henshall, Chief Executive, The Barnet Group
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	Appendix A - CQC Action Plan
<b>Officer Contact Details</b>	Julie Riley, Director of Care & Support - The Barnet Group Email: <a href="mailto:Julie.riley@thebarnetgroup.org">Julie.riley@thebarnetgroup.org</a> Tel: 020 8359 2635

<h2>Summary</h2>
<p>At the meeting of the Adults &amp; Safeguarding Committee 19 March 2015, the Committee Chairman made a statement regarding the CQC Inspection of Barnet Supported Living Services in August 2014. The committee also considered a Member's item in the name of Councillor Rawlings on the same CQC Inspection of Barnet Supported Living Services. The findings of that inspection, published in February 2015, rated the service overall as "Inadequate". This report therefore provides Committee with a response to items requested by the Committee Chairman and the Member's item, plus the full Action Plan which YCB was required to formally submit to CQC by 27 March 2015.</p>

<h2>Recommendations</h2>
<p><b>1. That the Committee note and comment as appropriate on:</b></p> <p><b>a) Officer responses to the points raised in the Chairman's statement and</b></p>

**Member's item at Adults & Safeguarding Committee on 19 March 2015.**  
**b) The YCB Action Plan submitted to CQC on 27 March 2015, following the Regulator's inspection of Barnet Supported Living Service in August 2014 and published in February 2015.**

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

1.1 At the Adults and Safeguarding Committee on 19.03.15 the Chairman made a statement on Your Choice Barnet and Councillor Rawlings presented a Member's item on the same subject. Both these items requested a briefing from Your Choice Barnet on its Supported Living Service in the context of a CQC inspection in August 2014, the findings of which were published in February 2015. This report therefore provides a response to the items requested by Committee as well as a progress update on the Action Plan to the inspection findings which YCB was required to submit to CQC. As some elements of the member's item were dealt with at the meeting on the 19<sup>th</sup> March, they are not presented again in this report.

*1.2 Whether any reviews of care plans highlighted any issues before the inspection*

*1.3 An analysis of the increase in use of agency / temporary staff from 2010/11 to date*

*1.4 An analysis of the impact of changing the management structure to only one manager across 5 sites*

*1.5 Whether there were any safeguarding alerts relating to the service at any point*

*1.6 An update on implementation of the action plan since the inspection*

### **1.2 Whether any reviews of care plans highlighted any issues before the inspection**

1.2.1 Reviews of service users in the supported living service have taken place by Barnet Council staff. Following the CQC publication, all service users were reviewed, along with the YCB Supported Living service care plans and no significant issues were found. A small number of care plans were changed, with 1 or 2 users receiving increases in hours of support.

### **1.3 An analysis of the increase in use of agency / temporary staff from 2010/11 to date**

1.3.1 When Your Choice Barnet (YCB) services were transferred into The Barnet Group in February 2012 the contractual arrangements for

commissioned services were at first by way of a block contract with the understanding that from April 2013 the contract would change to payment by usage. It was identified at an early stage that there was a need to manage the staffing levels accordingly. A restructure of the service took place in 2013.

1.3.2 The YCB performance indicator, regarding agency usage, reported quarterly to the performance and contract monitoring committee is;

*'A measure of the percentage of the workforce employed, calculated as a headcount, by YCB during the previous quarter that were employed through an agency staff'*

1.3.3 This data has been collected in this format since April 2013 and the table below summarises the information as outlined, data prior to this date is not available.

1.3.4 Agency usage for the first quarter of 2013/14 was running at 7.2%. At the end of June 2013, eight employees from the supported living service took voluntary redundancy as part of the restructuring process and one had resigned.

1.3.5 In the second quarter of 2013/14, the agency usage then increased to 14.3%, there were two further redundancies and a further four resignations.

1.3.6 The restructure of the supported living service meant that there were fewer senior support worker and manager posts and an increase in assistant support workers, providing a higher number of staff supporting front line services. A number of assistant support worker posts were frozen for a period of time whilst the organisation carried out the restructure in order to ensure that staff whose posts were at risk could be redeployed, this meant that the use of agency workers rose and at the end of quarter four (March 2014) this stood at 24.5%.

1.3.7 It is of note that:

- during the period of restructure 4 staff redeployed to other services (one in a more senior role) and 3 others were promoted to service co-ordinators
- between October 2013 when the restructure was completed and the present day (18 months) there has been only one leaver due to voluntary redundancy and one leaver due to dismissal
- 4 of the 8 staff who took redundancy in June 2013 have returned to work for the organisation on an as and when basis.

1.3.8 The consultation on the 9.5% pay cut took place during the fourth quarter of 2013/14 and was put in place from April 1<sup>st</sup> 2014, with staff receiving three months payment (equivalent to the 9.5%) in lieu of notice.

1.3.9 The agency usage during 2014/2015 has remained high and was at 21% at the end of quarter three; this was in spite of an on-going recruitment campaign. A number of posts have now been recruited to, though some offers had to be withdrawn due to unsatisfactory pre-employment checks. The services have increased the number of FTE assistant and support workers due to voids being filled and increased health needs of service users that have led to additional support hours being commissioned. As a result of concerted action, the Q4 2014/15 usage level was 15%

2013/2014		Redundancy	Resignation	Dismissal	New starters
Q1	7.2%	8	1		
Q2	14.3%	2	4		
Q3	16.6%				
Q4	24.5%				
2014/2015					
Q1	23%	1		1	
Q2	23%				4
Q3	21%				1
Q4	15%				4

1.3.10 There will not be an immediate reduction in agency usage as new starters begin in their roles, as there is a period of 'shadowing' permanent staff whilst undertaking their induction and mandatory training that new staff need to attend.

#### 1.4 **An analysis of the impact of changing the management structure to only one manager across 5 sites**

1.4.1 The service has always had 1 registered manager; this was in place at the point of transfer from LBB to The Barnet Group.

1.4.2 The supported living structure in February 2012 was:

- 1 registered manager
- 1 assistant manager
- 5 senior support workers
- 24 support workers

1.4.3 The current structure is:

- 1 registered manager,
- 3 service co-ordinators,
- 8 support workers with responsibility for key working, support planning and reviews



- 18 assistant support workers providing front line support.

1.4.4 The impact of the changes that were put in place following the restructure, of the replacement of the assistant manager and senior support workers, is that the service co-ordinators are now more focussed on the services that they are assigned to. The support workers have a greater clarity on their role and level of responsibility and the organisation has been able to employ a greater number of assistant support workers providing more front line support.

1.4.5 The total FTE staffing compliment will be matched to commissioned hours and may change to allow for when service users move in or out of their tenancies, there are additional staffing hours that are provided over to cover for staff annual leave, training and unplanned absence such as sickness

**1.5 Whether there were any safeguarding alerts relating to the service at any point**

1.5.1 There have been no more safeguarding alerts than would usually be expected from this type of service. YCB and the Council encourage services to raise safeguarding alerts and it is expected that they should be submitted. Safeguarding alerts and referrals are included in the key performance indicators on YCB reported to Performance and Contracts Monitoring Committee every quarter.

Safeguarding alerts made	Number of safeguarding alerts made
Q1 2013/14	0
Q2	4
Q3	4
Q4	0
Q1 2014/15	2
Q2	3
Q3	1
Q4	3

**1.6 An update on implementation of the action plan since the inspection**

1.6.1 CQC inspected the services in August 2014 and verbal feedback was provided at the time indicating that some improvements were required, but that the service was on the whole a good one and in particular the co-ordinators and staff were doing a good job.

1.6.2 Following the visit in August and subsequent verbal feedback a number of actions were taken which included improvements in the administration of medicines, the cleaning schedule (including the medicine cabinets), risk assessment recording and training for staff in dementia support.

- 1.6.3 The CQC report was not received until six months later in early February 2015; it was in draft form and the registered manager responded to CQC identifying a number of factual inaccuracies. The draft report was made available to the Council in mid-February. The final report was received and the high level action plan for improvement was submitted as required by CQC on the 27<sup>th</sup> March.
- 1.6.4 The action plan provided to CQC on the 27<sup>th</sup> March is attached this high level plan is supported by a more detailed action plan for internal use which has been developed to capture the outstanding issues, this is being actioned by the Service Co-ordinators and the Registered Manager and is being monitored by the Director of Care and Support. This plan has been provided to LBB and is being monitored for improvement and compliance.
- 1.6.5 Since the Adults and Safeguarding Committee met on the 19<sup>th</sup> March a private company has been sourced to carry out an independent inspection of the services at a date to be agreed.
- 1.6.6 Also since the last Adults and Safeguarding Committee, Valley Way Respite service has had an unannounced inspection by the CQC (25.03.15), the initial verbal feedback is that the inspector is satisfied that the service meets all of the regulations and we await the draft report.

## **2 REASONS FOR RECOMMENDATIONS**

- 2.1 This report gives the committee an opportunity to review the CQC Action Plan and follows up on the request for information made by the committee at their meeting on the 19<sup>th</sup> March 2015.

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

- 3.1 Not applicable

## **4 POST DECISION IMPLEMENTATION**

- 4.1 The committee to consider this report to determine further action required.

## **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 All the finance and performance data in this report has been provided by the Barnet Group.

5.2.2 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 the day to 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**

**Adults and Safeguarding Committee 19.03.2015**

Agenda item 6 (Members Item: Your Choice Barnet) Committee received a Member's item in the name of Councillor Barry Rawlings.

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## Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<b>Account number</b>	1-112848964
<b>Our reference</b>	INS1-991373541
<b>Location name</b>	Barnet Supported Living Service

Regulated activity	Regulation
Personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider had not taken proper steps to ensure service users were protected against the risk of receiving care or treatment that was inappropriate or unsafe, by not meeting individual service users' needs and ensuring their welfare and safety. Regulation 9(1)(b)(i)(ii).</i>

### Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

*We reviewed eight risk assessments. We saw that they were not comprehensive and were not always being reviewed ... it was difficult to follow changes that had been made as these were hand written and it was not clear what the level of risk was.*

- The service is in the process of introducing a new support plan for all service users.
- The support plan has been reviewed to ensure that it is more person centred.
- The support plan clearly links to the individuals risk assessments.
- Risk assessments have all been reviewed and updated to ensure they are more detailed and include review dates.
- Support plans and risk assessments will be reviewed at least every six months (more often if required)
- Changes to support plans and risk assessments identified by the key-worker will be added by the business support team to ensure that it is legible and clear for all support staff to understand.

<b>Who is responsible for the action?</b>	Service co-ordinators
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### How are you going to ensure that the improvements have been made and are

**sustainable? What measures are going to put in place to check this?**

- All documents will be in place and fully in use by the end of April.
- The service co-ordinators will review a sample of support plans during monthly 1:1 meetings.
- The registered manager (or registered provider in the absence of the manager) will carry out sampling of the documents on a monthly basis to ensure that improvements have been made and are sustainable.

**Who is responsible?**

Service co-ordinators & registered manager respectively

**What resources (if any) are needed to implement the change(s) and are these resources available?**

- Service co-ordinators are providing sufficient non-contact time for key-workers to update all support plans and risk assessments.
- Additional admin support is being provided by the business support team to ensure that the documents are kept up to date, are legible and clear for all to understand.
- This additional resource is in place currently and will remain in place.

**Date actions will be completed:**

30.04.15

**How will people who use the service be affected by you not meeting this regulation until this date?**

Current support plans and risk assessments are in place, however they are confusing and lack clarity, the service co-ordinators will discuss these in team meetings to ensure that team members are aware of service users' needs and any changes that have been added since the documents were written in order to ensure that people are being supported safely.

Regulated activity	Regulation
Personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service Providers</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider were not protecting service users and others who may be at risk, against inappropriate or unsafe care and treatment, by the means of effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the service and identify, assess and manage risk. Regulation 10 (1)(a)(b).</i>
<b>Please describe clearly the action you are going to take to meet the regulation and</b>	

## what you intend to achieve

*Although there were some systems in place to monitor the quality of the service they were not always effective.*

A series of quality monitoring 'spot checks' and 'planned checks' systems are already in place and some new ones have been introduced in response to the inspection; these are to ensure that the service is being managed and delivered in a safe, appropriate and effective manner, and to a good standard.

### Quality monitoring includes:

- Daily checks for infection control carried out by support staff and monitored by service co-ordinators.
- Food safety arrangements will include daily checks when supporting service users to cook and weekly when menu planning prior to the weekly shop, this will be monitored by the service co-ordinator.
- Weekly health and safety checks in service user flats and communal areas, carried out by the service co-ordinators and monitored monthly by the registered manager and quarterly by the health and safety officer from The Barnet Group.
- Weekly medication checks are carried out by the key worker and sampled monthly by the registered manager.
- Service user finances are checked monthly by the service co-ordinators and sampled monthly by the registered manager.
- Service user commissioned/delivered hours are checked monthly as part of the invoicing and billing process, this is reviewed monthly for accuracy by the business support team.
- Support plans and risk assessments are being updated and will be reviewed at least every 6 months and more often where required, sampling will take place on a monthly basis during 1:1 meetings and by way of spot checks by the registered manager.

### **Who is responsible for the action?**

Key workers, service co-ordinators and the registered manager

### **How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

- The registered provider has introduced clearer documentation for quality audits and will be monitoring this with the relevant team members to ensure compliance.

- An overview document for all monitoring is in the process of being developed for ease and will be in use from 01.04.15; this will provide an audit trail for review.
- A Quality Assurance Group (QuAG) has been set up since October 2014, this group of family carers will carry out quarterly audits at each of the services and report their findings back, the topic of the audits will be based on the CQC standards and actions from the outcome of those visits will be provided to the service co-ordinators and monitored for improvement by the registered manager.

**Who is responsible?**

Director of Care & Support

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Key worker, service co-ordinator, registered manager and registered provider's time respectively.

This resource is in place and available.

**Date actions will be completed:**

31.03.15

**How will people who use the service be affected by you not meeting this regulation until this date?**

People who the service will not be affected as more robust quality monitoring systems have now been introduced.

Regulated activity	Regulation
Personal care	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider had not ensured that service users, persons employed and others were protected against identifiable risk of acquiring an infection by means of not having appropriate standards of cleanliness and hygiene. Regulation 12 (1)(a)(a)(b)(c)(2)(a)(c)(i)</i>

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*Of the six toilets we saw across all the units we saw none had paper towels available for people or staff.... Staff we spoke with said that disposable gloves were not always available*



*when supporting people with personal care. We saw that gloves were available in each unit but staff were unaware this was where gloves were kept.*

**Infection Control arrangements**

- Paper towels are available in all bathrooms and daily checks are carried out to ensure that stocks are replenished.
- All team members have been reminded where the PPE is stored at each location.
- After the inspection feedback that was given complimented the registered manager on the cleanliness within the services, the hand washing posters in the communal toilets were specifically mentioned.
- The infection control policy was reviewed by the Inspector who stated that she was satisfied with the document. The service co-ordinators will revisit this policy during team meetings to ensure that team members are aware of their responsibilities.
- Each service has a cleaning schedule for communal areas and specific support for service users (the medication cabinets have been added to this schedule) and in addition the landlord for the services (Notting Hill Housing) provides a cleaning service twice weekly.

<b>Who is responsible for the action?</b>	Service co-ordinator
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**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

- Daily checks by support staff have been introduced to ensure that adequate PPE and hand towels etc. are always available. This is monitored by the service co-ordinator.
- Infection control arrangements spot checks (sampling) are taking place as part of the monthly monitoring schedule. This is monitored by the registered manager.

<b>Who is responsible?</b>	Service co-ordinator and registered manager respectively
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

Service co-ordinator and registered manager's time to undertake the monitoring, this is in place.

<b>Date actions will be completed:</b>	Completed
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**How will people who use the service be affected by you not meeting this regulation**

**until this date?**

This is in place, so people will not be affected.

**Regulated activity**

**Regulation**

Personal care

**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines**

**How the regulation was not being met:**

*The registered person and the provider did not have appropriate arrangements in place for recording, and dispensing medicine. Regulation 13.*

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*The service was not safe as we found that people using the service were exposed to significant risk to their safety*

- The medication policy has been reviewed and updated to ensure clarity around responsibilities and this has been rolled out with team members in team meetings.
- All medication cabinets have been thoroughly cleaned and are now included on the routine cleaning schedule.
- The service user who had run out of foot soak for four days had this replaced immediately.
- The service user who was taking PRN pain killer daily had a review with his GP and his prescription was changed to reflect his needs.
- Patient Information Leaflets were stored in the service co-ordinators office at each service however these are now stored within the service users medication file.
- A medication administration 'one-page' easy guide has been introduced and is now on each service user's file.
- The local pharmacist will be asked to carry out an independent audit of the services.

**Who is responsible for the action?**

Service co-ordinator

**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

Medication spot checks (sampling) are taking place as part of the monthly monitoring schedule, this includes;

- Cleanliness of medication cabinet
- Signatures and medication on MAR sheet reconciled
- 'Opened on' date on homely remedies and creams
- Stock control

**Who is responsible?**

Registered manager

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Registered managers time

This resource is in place.

**Date actions will be completed:**

Completed

**How will people who use the service be affected by you not meeting this regulation until this date?**

This is in place, so people will not be affected.

**Regulated activity**

**Regulation**

Personal care

**Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs**

**How the regulation was not being met:**

*The registered person and the provider did not ensure that service users are protected from the risk of inadequate nutrition and dehydration by means of the provision of a choice of suitable and nutritious food and hydration in sufficient quantities to meet service users' needs.*

*Regulation 14(1)(a).*

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*...when we looked in communal fridges and freezers where people and the service kept food we saw out of date food such as mushrooms, bread and open soft cheese which was green with mould. In the freezer we saw several items of food that had not been resealed such as chicken, mince, sausages and five open bags of vegetables. There were no dates to indicate*

when these had been opened.

**Food safety arrangements**

This information was not feedback at the time of the inspection, however since receiving the report the services have introduced the following arrangements to maintain food safety;

- All opened food that is not used is sealed and labelled with the date that it was opened.
- All food is regularly checked (weekly before shopping and daily prior to use) for use-by date.
- Food hygiene training is being sourced and all staff will be required to attend.

<b>Who is responsible for the action?</b>	Service Co-ordinators
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**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

Food safety arrangements spot checks (sampling) are taking place as part of the monthly monitoring schedule.

<b>Who is responsible?</b>	Service co-ordinator
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

- Service co-ordinators time to ensure that staff are following food safety requirements
- Food hygiene training

<b>Date actions will be completed:</b>	30.06.15
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**How will people who use the service be affected by you not meeting this regulation until this date?**

All staff will be reminded of food hygiene regulations and the organisation policy in team meetings, additional support will be provided from team members who have attended food hygiene training, this will ensure that people who use the service will not be affected by the regulation not being met.

Regulated activity	Regulation
Personal care	<b>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</b>
	<b>How the regulation was not being met:</b>
	<i>The registered persons and the provider did not have suitable</i>

arrangements in place to make a decision regarding service users' capacity to make decisions and consent to their care and treatment. Regulation 18.

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*All staff we spoke to did not understand the Deprivation of Liberty Safeguards (DoLS).*

- The registered provider has made a formal request that London Borough of Barnet carry out Mental Capacity Assessments with regard to Deprivation of Liberty for all service users as the services provide 24 hour support and people are under constant supervision and people who leave the service are supported to return.
- The service co-ordinators and registered manager have all undertaken 'MCA and DoLS Leads Training' facilitated by LBB.
- The staff will undertake further training in safeguarding to ensure that they have an understanding of their responsibilities
- The service co-ordinators will review with individuals their responsibilities during 1:1 meetings

**Who is responsible for the action?**

Service co-ordinators with support from the registered manager

**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

The registered manager will maintain log of MCA's carried out and will include for each person:

- Copies of completed documents
- Date MCA completed
- Outcome of assessment

If an application to the Court of Protection is needed

- Date the application is made
- Outcome of the application
- Additional comments and information

**Who is responsible?**

Registered manager, with support from BLDS

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Service co-ordinators time to request the assessment, registered manager to keep and

maintain information log.

Training in safeguarding.

This resource is in place

**Date actions will be completed:**

30.06.15

**How will people who use the service be affected by you not meeting this regulation until this date?**

People who use the service may be affected by unlawful deprivation of liberty where a service user does not have capacity to consent and this has not been referred to the Court of Protection.

<b>Regulated activity</b>	<b>Regulation</b>
Personal care	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider had not taken appropriate steps to make sure there was sufficient staff to meet service user's needs. Regulation 22.</i>

**Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve**

*We saw a person who had communication difficulties and could not move without staff assistance.*

The person is able to move without staff assistance and to communicate their needs.

It is disputed that there are insufficient staff to meet service user's needs, the contract moved from a block purchase arrangement in 2013 and all service users had an assessment of their needs at the time. The hours provided are commensurate with support plans and identified outcomes for each individual.

The services are commissioned to provide 859 hours of contact time per week and there are 1,030 hours per week of staffing hours, this ensures that there are 171 hours per week of non-contact time to allow for supervision, staff training and admin time. Within each service there are permanent, as and when and regular agency workers covering these hours.

<b>Who is responsible for the action?</b>	Service co-ordinators
<b>How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?</b>	
<p>Hours provided are commensurate with support plans and identified outcomes for each individual; this is monitored on a monthly basis and reported to LBB as part of the invoicing process. Evidence of this was not requested by the inspection team.</p> <p>The services co-ordinators will ensure improved communication with families and support staff to ensure that they understand how the hour's for service user's needs are assessed and allocated.</p>	
<b>Who is responsible?</b>	Service co-ordinators
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
Service co-ordinators time.	
<b>Date actions will be completed:</b>	Completed

<b>How will people who use the service be affected by you not meeting this regulation until this date?</b>
N/A

<b>Regulated activity</b>	<b>Regulation</b>
Personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</b>
	<b>How the regulation was not being met:</b>
	<i>The registered person and the provider did not have suitable arrangements in place in order to ensure that persons employed were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, by receiving regular supervision and appraisals, appropriate training. Regulation 23(1)(a)(b).</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<i>We reviewed staff training, supervision and appraisals. We saw that managers had received appraisals however all other staff had not.</i>	

All permanent staff except one had their appraisals before the end of July 2014 which was prior to the inspection, evidence of this was not requested by the inspection team at the time. Appraisals are recorded on iTrent (electronic HR system) therefore evidence was available at the time of the inspection.

*Supervision occurred in some of the homes but this was not consistent.*

- Supervisions have been carried out for the majority of staff; however, one service co-ordinator had not been vigilant in carrying out this support regularly for all staff.
- Supervision is now recorded monthly on iTrent (from January 2015)
- Since the report has been received a plan has been put in place to ensure that supervisions are carried out by all managers and are recorded as per the organisational policy.

*Relatives we spoke with believed that staff had the skills to care for their relatives. Comments included, "staff seem suitably trained and competent." However when we spoke with all staff we had concerns about their understanding of the MCA, DoLS, medicines, food hygiene and understanding peoples physical needs such as dementia and epilepsy.*

- Staff training was not identified as an area for concern during feedback after the inspection other than for dementia support.
- All team members supporting people who have dementia were provided with training on this subject in October 2014.
- Mandatory training identified in the report is in the process of being sourced.

**Who is responsible for the action?**

Service co-ordinators with support from the training manager

**How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?**

All of the above will be monitored by the registered manager and registered provider as appropriate through iTrent at suitable intervals.

**Who is responsible?**

Registered manager and registered provider

**What resources (if any) are needed to implement the change(s) and are these resources available?**

- Funding for training has been agreed.
- The dates for all training have been agreed.
- Service co-ordinators will ensure all staff attend as required.



**Date actions will be completed:**

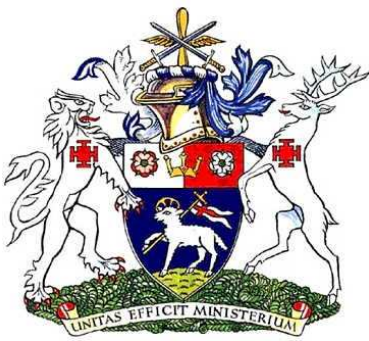
30.06.15

**How will people who use the service be affected by you not meeting this regulation until this date?**

- Staff briefings will be undertaken in team meetings to ensure that staff are aware of their responsibilities
- Organisational policy will be reviewed in team meetings

<b>Completed by:</b> (please print name(s) in full)	Julie Riley
<b>Position(s):</b>	Director of Care & Support
<b>Date:</b>	27.03.15

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**Adults and Safeguarding Committee**  
**23 April 2015**

<b>Title</b>	<b>The Independent Living Fund transfer</b>
<b>Report of</b>	Jon Dickinson, Assistant Director, Adults and Communities
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	Appendix 1: Independent Living Fund - Feedback from the consultation Appendix 2- Equalities Analysis (EqA)
<b>Officer Contact Details</b>	Gary Johnson, Customer Finance Manager, Adults and Communities, 020 8359 2289, <a href="mailto:gary.johnson@barnet.gov.uk">gary.johnson@barnet.gov.uk</a>

**Summary**

The Independent Living Fund provides funding for disabled people with high care needs to live independently in their own homes. The Fund is administered by the Department for Work and Pensions. Generally, people receiving payments from the Independent Living Fund also receive care services from the Council.

From 30 June 2015 the Independent Living Fund will close and funding will transfer to the Council from 1 July 2015.

This report makes a number of recommendations on how the transfer will be managed in Barnet.

**Recommendations**

1. That the Adults and Safeguarding Committee approve the recommendations on the transfer of the Independent Living Fund as set out in paragraphs 2.2.4, 2.3.3 and 2.4.3 of this report:
  - 1(a) That approval is given to the Adults and Communities Delivery Unit to assess the care and support needs of Independent Living Fund users in accordance

**with the national adult social care eligibility criteria for adults with care needs, adopted by Barnet Council in April 2015 in line with the requirements of the Care Act 2014.**

**1(b) That approval is given to assess financial contributions towards care in accordance with Barnet Council's adult social care community based Fairer Contributions Policy.**

**1(c) That approval is given for a 6 month transitional protection scheme for those individuals who require it during the transition from Independent Living Fund financial support to Barnet Council adult social care support.**

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

### **Legislative Background**

- 1.1 The Independent Living Fund was established in 1988 to provide discretionary cash payments directly to people at the highest level of social care need. The Independent Living Fund is administered by an independent trust, which is an Executive Non-Departmental Public Body of the Department for Work and Pensions (DWP).
- 1.2 In 2007, the Department for Work and Pensions published an independent review of the Independent Living Fund, which raised concerns about the discretionary nature of the Independent Living Fund and low take up among different client groups, particularly older people. The review recommended the integration of the Independent Living Fund within local authority social care budgets.
- 1.3 From June 2010 no new applications could be made for Independent Living Fund payments. Existing users would still receive payments providing they continue to satisfy the conditions of entitlement.
- 1.4 In December 2012, following consultation, the Government announced that the Independent Living Fund would close completely and that responsibility for supporting existing users would fall to councils and devolved administrations. Following a successful legal challenge to the Court of Appeal, the decision to close was delayed pending an equalities impact assessment on the closure decision.
- 1.5 Following this impact assessment, in March 2014, the Minister for Disabled People announced that the Fund would close with effect from 30 June 2015 and funding would transfer to councils in England and the devolved administrations in Scotland, Wales and Northern Ireland.
- 1.6 This decision has also been subject to a legal challenge to the Court of Appeal, but this challenge was not upheld by the Court. The planned programme of closure has therefore proceeded and from 1 July 2015, responsibility for care and support payments provided by the Independent

Living Fund will be transferred to councils in England and devolved administrations in Scotland, Wales and Northern Ireland.

- 1.7 The Care Act 2014 statutory guidance sets out the framework within which the transfer should be managed. The guidance advises that local authorities can continue with the same level of care funding following the transfer until a care needs assessment has been completed. Furthermore, local authorities should take reasonable steps to make a user aware of any changes to a user's personal budget following the transfer.

### **Independent Living Fund**

- 1.8 Nationally there are around 17,000 users of the Independent Living Fund (ILF) who receive payments worth around £300 million a year. These ILF payments are in addition to any care services or payments made by local authority social services. Independent Living Fund payments can be spent on personal care and domestic assistance needs; dressing; cooking; personal hygiene etc.

- 1.9 There are two types of ILF users:

- Group one Independent Living Fund users who qualified for payments prior to 1993. These users can receive a maximum award of up to £815 per week.
- Group two ILF users who qualified for payments after 1993. Those users who qualified can receive payments of up to £475 per week.

- 1.10 For most users there are key conditions of entitlement:

- They must be living in the UK for at least 26 weeks a year;
- Receive at least £340 worth of support (care) per week or £17,680 a year from local authority social services;
- Entitled to the higher rate disability living allowance care component (personal independent payments);
- Have savings or capital of less than £23,250.

- 1.11 All users of Independent Living Fund payments are also required to undergo a financial assessment. The assessment of contributions made by the Independent Living Fund is made under a different policy to the financial assessment of contributions towards care made by councils. The Independent Living Fund financial assessment is a flat rate charge based on benefits received.

### **Independent Living Fund closure programme**

- 1.12 The Independent Living Fund has embarked on an extensive closure programme since the decision was made to close and transfer funding in 2015. The decision itself was subject to public consultation.

- 1.13 ILF users have received a transfer review and support visit from an Independent Living Fund assessor. Where possible, these reviews have been undertaken jointly with local authority social care workers. The reviews have also given the user an opportunity to discuss matters concerning the closure of the Independent Living Fund and how the transfer will be managed.
- 1.14 Information about the transfer has been sent to all users. Local advice and advocacy support arrangements have been made available to the Independent Living Fund office.
- 1.15 There are data sharing arrangements between the Independent Living Fund and councils to ensure the smooth management of the transfer. Councils have been provided with information about people receiving payments in each local authority area; names; addresses; the amount of funding; reviews undertaken.

### **The Independent Living Fund in Barnet**

- 1.16 There are 90 people in Barnet who are currently receiving payments from the Independent Living Fund. All of the Independent Living Fund users in Barnet have received a review visit from an Independent Living Fund officer. A third of these reviews have involved social care workers from Adults and Communities. These reviews are in addition to the normal care reviews undertaken by social care workers within Adults and Communities.

### **Payments**

- 1.17 The total gross value of Independent Living Fund payments received by people living in Barnet is £1,882,000 a year. The net value is £1,574,000 (after deducting client contributions). The average award for each person is £402 (gross) per week and £336 (net) per week.
- 1.18 In Barnet there are 11 Group one users (pre-1993 applicants) who receive a total of £374,000 (gross) per year, £334,000,889 (net) and 79 Group two users (post-1993 applicants) who receive a total of £1,508,000 (gross) per year, £1,240,000 (net). The gross amount is the value of the Independent Living Fund payment before a client contribution, the net amount is the actual amount paid after deducting client contribution.
- 1.19 In addition to receiving payments from the Independent Living Fund, the 90 people transferring across have been assessed as having care needs by Adults and Communities. There are 79 people receiving care services provided by the London Borough of Barnet at a cost of £1,830,000 a year.
- 1.20 The authority is to receive funding from the Department for Communities and Local Government to fund the additional expenditure, however the mechanics of how this will be received into the Council's financing arrangements is yet to be confirmed. The expectation is that the Council will receive a grant of £1.574m to fund the increased net financial expenditure and this is considered further in section 5.2 of this report

## **2. REASONS FOR RECOMMENDATIONS**

### **Managing the transfer in the London Borough of Barnet**

2.1 It is proposed that the financial and care assessment of Independent Living Fund users will be mainstreamed within the Council's adult social care service in Adults and Communities. These users will be assessed in accordance with the assessment and support planning policies adopted by Committee following the introduction of the Care Act 2014

### **2.2 Care Assessments**

2.2.1 There are 79 people receiving Independent Living Fund payments who also receive care services either as a managed personal budget or as a direct payment from the Council. The remaining 11 users (all Group one) do not receive care funding from the Council and rely on funding from the Independent Living Fund to pay for their care.

2.2.2 The eligibility criteria to receive payments from the Independent Living fund is different from the care eligibility criteria for Councils. There may be people who currently receive funding through the Independent Living Fund who may find that this level of funding may change following a care needs assessment made under the Councils care and eligibility criteria, which are the national criteria introduced by the Care Act 2014 from 1 April 2015.

### **Consultation**

2.2.3 The consultation has shown that there is a large degree of anxiety among Independent Living Fund recipients about the transfer. These concerns are reflected in issues raised during the national consultation on the closure decision. The outcome of consultation has showed that 46% of those who responded to the questionnaire disagreed or strongly disagreed with the proposal to assess the care and support needs of those receiving Independent Living Fund Payments in the same way as people assessed as receiving other care services. This compared with 41% who agreed or strongly agreed.

### **Recommendation**

2.2.4 It is proposed that Independent Living Fund users' assessments are carried out using the care needs and support planning assessments used by Adults and Communities for adults in need of care, in accordance with statutory guidance issued under the Care Act 2014. All Independent Living Fund users in Barnet will have their care needs and support reviewed. These reviews will generally take place in the 3 month period before and 3 months after the transfer. As care needs are reviewed, support plans will be developed.

### **Reasons for recommendation**

2.2.5 The Independent Living Fund operates under a different eligibility care criteria to councils. The Care Act 2014 requires councils care needs assessment to

be outcome focused. The transfer of funding and mainstreaming of care and support assessments will ensure that those Independent Living Fund transferees will receive the same assessment as other people receiving council care services.

## **2.3 Financial Assessments**

- 2.3.1 All Independent Fund Service users are also required to pay a contribution towards the payment they receive. The assessment made by the Independent Living Fund is separate to the financial assessment undertaken by the Council. There are 90 users who have been assessed by the Independent Living Fund to pay an average contribution of £66 per week towards the costs of care they receive. The average assessed contribution under the Council's community based contributions policy is £39.50 per week. From 1 July 2015 those people transferring across from the Independent Living Fund may have a reduction in the amount of contributions they pay towards care.

### **Consultation**

- 2.3.2 The outcome of consultation showed that 41% of those who responded to the questionnaire agreed or strongly agreed that those receiving Independent Living Fund payments should be financially assessed in the same way as other people receiving care services. This compared with 29% of people who disagreed or strongly disagreed.

### **Recommendation**

- 2.3.3 It is proposed that as care funding is mainstreamed that all Independent Living Fund transferees are assessed in accordance with the Council's policy on assessing contributions towards community based services.

### **Reasons for recommendation**

- 2.3.4 The financial assessment of contributions under the Council's community based contributions policy is fairer because it is based on ability to pay, taking into account income and outgoings. The financial assessment undertaken by the Independent Living Fund is a flat rate charge based on the types of benefits received and does not take into account the additional costs incurred because of a person's disability.

## **2.4 Transitional Protection**

- 2.4.1 There will be a number of people whose level of care funding, received through the Independent Living Fund, may change following a review of care needs and support. This change is mainly because of the differences in the eligibility criteria and types of care that can be paid for by the Independent Living Fund and the Council.



## **Consultation**

- 2.4.2 Independent Living Fund users were consulted on the option of providing for a 4 month transitional protection scheme where there was a reduction on care funding following the transfer. The outcome of consultation showed that 46% of those who responded to the questionnaire disagreed or strongly disagreed with the proposal to give transitional protection of 4 months. This compared with 32% who agreed or strongly agreed with this proposal.

## **Recommendation**

- 2.4.3 It is proposed that a scheme of transitional protection is introduced which will mitigate against any reductions, for those receiving Independent Living Fund funding, following a review of care needs. In those cases where there is a reduction in the amount of support, previously provided by the Independent Living Fund, this reduction will not take place until 6 months after the date of review.

## **Reasons for recommendation**

- 2.4.4 A scheme of transitional protection will give people sufficient time to make any adjustment in care arrangements following the transfer. Following consultation, the recommendation is to extend the transitional protection period from 4 to 6 months

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

- 3.1 It is a legal requirement that all councils in England will have the funding transferred from the Independent Living Fund from 1 July 2015. The closure programme has been managed by the Independent Living Fund. It is for councils to decide how care and support needs will continue to be met following the closure. The alternative option would have been to ring fence the funding.
- 3.2 The option of ring fencing Independent Living Fund payments to existing users is not recommended. Transferring funding to the mainstream budget within Adults and Communities would enable care needs assessment and support to be met on a more consistent, effective and equitable way. The Care Act 2014 also places a requirement on care assessments to be outcome focussed. Assessing and mainstreaming the Independent Living Fund will ensure that care needs and outcomes continue to be met.

## **4. POST DECISION IMPLEMENTATION**

- 4.1 The localised transfer of the Independent Living Fund will be managed by the customer finance team and locality teams within adult social care. There will be a planned programme of transfer:
- All those affected or their carers will be contacted and informed about how the transfer will be managed in Barnet;

- Payment arrangements will be set up to ensure continuity of service and care continues to be provided. Whenever possible payments will be made through a Direct Payment.

## **5. IMPLICATIONS OF DECISION**

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

5.1.1 The transfer of Independent Living Fund 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)**

5.2.1 The Independent Living Fund function and associated funding provided by the Department for Work and Pensions will transfer to the Council from 1<sup>st</sup> July 2015.

5.2.2 The Department for Local Government and Communities have yet to announce the amount that will be transferred to support the function transfer. As set out in paragraph 1.17, it is expected to be in the region of £1.574m a year.

5.2.3 The clients will be financially assessed for their full care package, i.e. the element currently provided by the Council and the former Independent Living Fund element under the Council’s community based contributions policy. No amendment will be required to this policy. As set out in paragraph 2.3.1 this is likely to reduce the average contribution from £66 per week to £39.50.

5.2.4 The transfer could lead to a cost pressure of £123,000 per year on a full year effect as set out below:

	£'000
Increase cost to Adults and Communities services	1,882
Less client contributions towards their care	(185)
<b>Net cost increase to Adults and Communities</b>	<b>1,697</b>
Expected funding transfer from the Department for Communities and Local Government	1,574
<b>Funding shortfall</b>	<b>123</b>

5.2.5 The cost pressure arising in 2015/16 will be in the region of £92,000 given the part year transfer. From 1<sup>st</sup> April 2016 this will be in the region of £123,000.

5.2.6 The Council's medium term financial strategy does not have any provision at this time for the increased pressure, therefore the Adults and Communities delivery unit will need to identify opportunities to absorb the shortfall on a recurring basis. If this is not achievable then it will be reflected in the budget monitoring and performance report to the Performance and Contract Management Committee.

### 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. There is a specific legislative requirement to have a new eligibility threshold in place for care assessments from April 2015. The Department of Health also issued statutory guidance on 23 October 2014, which all councils in England are required to follow.

5.3.2 Under Sections 23.26 to 23.40 the statutory guidance sets the framework within which the transfer will be managed by councils:

- All duties and obligation under the Care Act 2014 will apply during the transfer process, including the duty to consider a person's well-being and outcomes;
- The need to carry out assessments which are proportionate; based on information they already know about the Independent Living Fund user;
- Local authorities can continue with same level of funding if the Council has not carried out an assessment prior to the transfer;
- Local authorities must involve the person in care and support planning; be aware of care arrangements already in place;

5.3.4 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.

5.3.5 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 WellBeing 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 The Council will need to ensure that the work associated with Independent Living Fund transfer is consistent and mainstreamed within the review and assessment work of Adults and Communities. An operational team within Adults and Communities will manage the transfer. Risk will be monitored and escalated accordingly through the Risk Management process within Adults and Communities. The financial impact will also be monitored to mitigate the impact on cash flow.

## **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 Equality Act 2010 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

5.5.2 Adults and Communities works within London Borough of Barnet's policy framework for equalities. Specifically ASC embraces the principles of equal opportunities and valuing the diversity of Barnet Residents and service users. It will:

- Comply with LBB Equal Opportunities Policy.
- Comply with 2010 Equality Act and Public Sector Equality Duty requirements to pay due regard to equality.
- Use data to support Service Access and Redesign and Business Planning so that the services we provide offer value for money and are targeted to need.
- It will contribute to the delivery Of Barnet's Strategic Equality Objective that Citizens will be treated equally, with understanding and respect and will have equal access to quality services which provide value to the tax payer

Adults and Communities 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 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 perception does not mean that all age groups should therefore be offered identical support or services. However, it does require the local authority to have a transparent and fair rationale for different approaches or support offered to different age groups, which target need, just as it already does for current positive action in place, such as providing interpreters.

- 5.5.4 There is a general risk applicable to all local authorities, which may face an increased level of potential legal challenge from individual users or groups, who challenge on the grounds that the council has failed to pay due regard to equalities under the Public Sector Equality Duty. . 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.
- 5.5.5 It is not viable going forward to maintain separate care and funding arrangements for Independent Living Fund users as funding is transferred over to the council. Mainstreaming care and financial assessments will reduce inequities and ensure transferees are treated in the same way as other people with assessed care needs.
- 5.5.6 An Equalities Impact Assessment has been undertaken on the transfer of the Independent Living Fund. and is attached as Appendix 2 to this report. The transfer will be monitored and reviewed to assess its impact.
- 5.5.7 In summary Barnet Council is required to implement the Government's decision to close the Independent Living Fund. This follows two judicial reviews and a Court of Appeal Decision.

Barnet have carried out an EIA to gather data about ILF recipients in Barnet and used this to consider the impact of change on this group. The EIA is showing a negative impact. This is because recipients will experience upheaval because of the change in arrangements and may experience a reduction in funding. Barnet has consulted on these proposed changes and paid particular attention to the feedback from those affected. It is recognised that the decision will affect people with a disability and care who are in receipt of Independent Living Fund Payments. To mitigate the negative impact and address concerns that were raised during the consultation the Council will:

- Introduce a care needs assessment for each individual affected and/or their carer to promote choice and the continuation of independent living.
- Set up transitional arrangements which will protect payments for up to 6 months
- Provide named contacts and support during the transitional period;
- Provide the opportunity for Independent Living Fund recipients to find out about other sources of support available;
- Communicate with all Independent Living Fund users on how care assessment and support planning will be undertaken;
- Provide for a scheme of transitional protection where there is any reduction in funding.

- Take fully into account how an individual's particular disability/ disabilities may affect the communication needs for each individual.
- This is fully set out in the Improvement Plan which accompanies the EIA

## **5.6 Consultation and Engagement**

5.6.1 The main proposals contained within this report were subject to public consultation. The consultation questions focussed on the three main proposals on the management of the Independent Living Fund Transfer; care assessments; financial assessments; transitional protection.

5.6.2 The outcome of consultation is set out in Appendix 1 of this report. The feedback from consultation has been incorporated within the proposals of this report.

## **6. BACKGROUND PAPERS**

6.1 The Care Act 2014 at:

[http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf)

6.2 The Care Act 2014: statutory guidance for implementation at:

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

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## Appendix 1: Independent Living Fund - Feedback from Consultation

### 1. Methodology

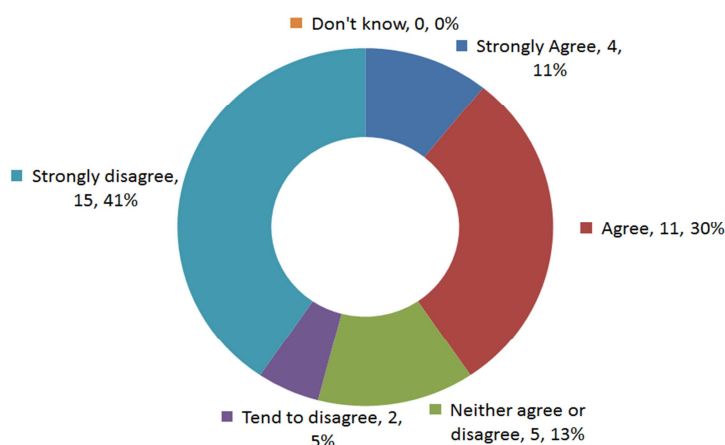
1.1 Consultation commenced on 5 January 2015 and ended on 6 February 2015. The main way of consulting was through a direct mailshot to all those users receiving payments from the Independent Living Fund. It was the users directly affected by the decision to close the Independent Living Fund.

### 2. Feedback results

2.1 There was relatively high response rate to the survey 42% (38 people). The outcome of the consultation was used to feedback into the proposals and recommendations on the transfer of Independent Living Fund payments.

2.3 **Proposal:** To assess people receiving Independent Living Fund payments in the same way we would assess the care and support needs of people who do not receive this funding.

**Question:** How strongly do you agree or disagree with Barnet Council's plan to assess the care and support needs of those people currently receiving ILF funding in Barnet?



#### Some feedback comments:

*'I agree people should be assessed, because different people need different care*

*'I think it would be a fairer way of doing things'*

*'My ILF payment used to be ring fenced,. If the new assessment means the money will not cover care needs. I believe that cannot be fair system'*

*‘People receiving ILF Funding have different ways of meeting their care needs. Because they have received this funding for a long time. They would like it to remain as previous’*

*‘If my daughter is assessed as those people who do not receive ILF funding and if the funding is reduced it will affect her daily independent living’*

### Response to feedback

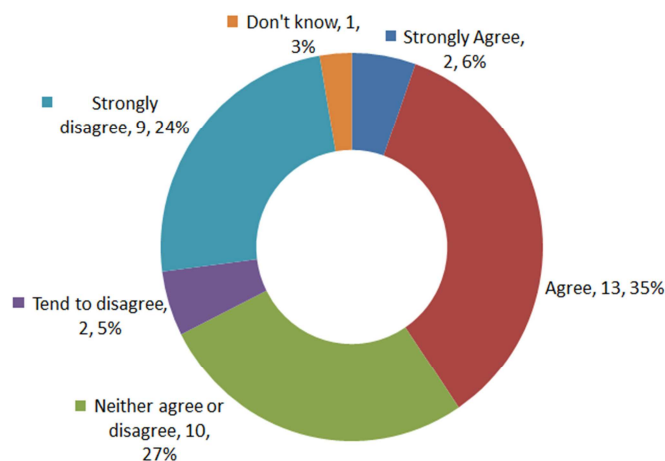
- 2.4 It is acknowledged that there is anxiety and concern among Independent Living Fund users about the transfer. This reflects the feedback raised during the Department for Work and Pensions public consultation on the closure decision.

Continuing with a ring fenced Independent Living Fund system would not be sustainable in the medium to long term. It would be complex to administer and would treat Independent Living Fund recipients different from other people with assessed care needs receiving services from the council.

It is a recommended in the committee report to Adults and Safeguarding that care assessments and support planning is integrated within mainstream policies and procedures. A large proportion of ILF users would have already had a care needs assessment by Adults and Communities. The support provided by the Independent Living Fund would be mainstreamed within this assessment.

- 2.5 **Proposal:** To financially assess people receiving Independent Living Fund payments in the same way we would assess contributions if people who do not receive this funding

**Question:** How strongly do you agree or disagree with Barnet Councils plans to financially assess people currently receiving ILF funding in Barnet?





## Some feedback comments

*'Consideration should be given to expenses which are met by the people who are receiving ILF'*

*'As long as you are fair with everybody'*

*'It is fair to assess people the same way, however my care is such that I need a lot more help. I need 24/7 care.'*

*'How can you possibly treat two different types of care the same way – it's nonsense'*

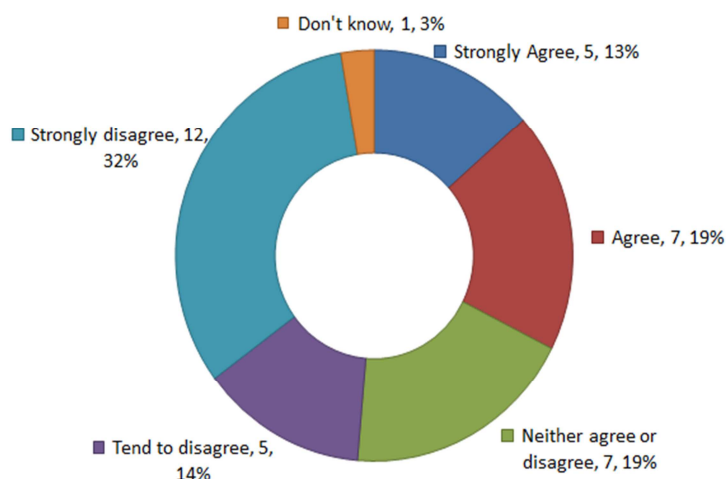
*'If people have the private means to pay then they should- if it is based on Barnet's funding policy. I would rather it was done the way the ILF do it'*

## Response to feedback

2.6 It is recommended in the committee report to Adults and Safeguarding that financial assessments are undertaken in accordance with Adults and Communities contribution policies for community based care services. Independent Living Fund financial assessments do not take into account ability to pay and there is a flat rate charge against benefits received. It is fairer that an assessed contribution is based on a person's income and outgoings, particularly the additional costs incurred because of a person's severe disability.

2.7 **Proposal:** That any reduction in funding will come into effect 4 months after the person has had a care needs assessment to enable people to plan for the change in income.

**Question:** How strongly do you agree or disagree with our plan to give a temporary protection period of up to 4 months to people whose personal budget is reduced following the assessment of their care needs?



### Some feedback comments:

*'I feel that 4 months temporary protection period is inadequate to adapt to a change in lifestyle. Five to six months is suggested'*

*'I strongly disagree that there should be any reduction in income as there has been no increase from the ILF over the last few years.'*

*'I believe it should be much longer. Probably after two years'*

*'I think it should be longer than 4 months because it's not easy work out what you should do, and everything takes too much time'*

*'I have such complex need that any reduction will seriously affect my health'*

### Response to feedback

- 2.8 It is recommended in the committee report to Adults and Safeguarding that the transitional protection scheme is extended from 4 to 6 months for anyone who experiences a reduction in funding.

It is recognised that people who experience a reduction in funding may need a period of time to make any adjustment in care support. A transitional protection period of 6 months would give people sufficient time to make any adjustments.

## Appendix 2

### Equality Analysis (EqA)

#### Questionnaire

Please refer to the guidance before completing this form.

<b>1. Details of function, policy, procedure or service:</b>	
Title of what is being assessed: Transfer of Independent Living Fund payments	
Is it a new or revised function, policy, procedure or service? New	
Department and Section: Adults & Communities	
Date assessment completed: 23/02/15	
<b>2. Names and roles of officers completing this assessment:</b>	
Lead officer	Gary Johnson, Customer Finance Manager
Stakeholder groups	Citizens – Clients and Carers Adult and Communities Social Care Experts by Experience Partnership Boards
Representative from internal stakeholders	Jon Dickinson, AD Adult Social Care Karen Morrell, Head of Integrated Care Learning Disability/Mental Health
Representative from external stakeholders	
Delivery Unit Equalities Network rep	Emily Bowler, Customer Care Manager
Performance Management rep	Deborah Robinson, Interim Business Improvement, Adults and Communities
HR rep (for employment related issues)	n/a

**3. Full description of function, policy, procedure or service:**

Please describe the aims and objectives of the function, policy, procedure or service  
*Please include - why is it needed, what are the outcomes to be achieved, who is it aimed at? Who is likely to benefit? How have needs based on age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership and carers been taken account of? Identify the ways people can find out about and benefit from the proposals. Consider any processes they need to go through or criteria that we apply to determine eligibility.*

This equality analysis is to support the planned transfer of Independent Living Fund payments for care following the Government's decision to close the Fund. The Department for Work and Pensions has undertaken its own equality analysis:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/287236/closure-of-ilf-equality-analysis.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287236/closure-of-ilf-equality-analysis.pdf)

The Government's decision to close the Independent Living Fund and devolve funding to Councils will lead to the transfer of £1.6m of care funding to the London Borough of Barnet. There are 90 people in Barnet who receive payments from the Independent Living Fund.

**4. How are the equality strands affected? Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.**

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?										
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>The Independent Living Fund user base tends to be comparatively young when considered in the context of people who receive care. The majority of users are aged between 25- 60 (64%)</p> <p>Barnet ILF users age profile:</p> <table border="1"> <thead> <tr> <th>Age</th> <th>No's</th> </tr> </thead> <tbody> <tr> <td>Under 25</td> <td>5</td> </tr> <tr> <td>25-60</td> <td>58</td> </tr> <tr> <td>60-70</td> <td>19</td> </tr> <tr> <td>70plus</td> <td>8</td> </tr> </tbody> </table>	Age	No's	Under 25	5	25-60	58	60-70	19	70plus	8	<p>The transfer will be applied equally to all Independent Living Fund users. All users care and support needs will be reviewed in accordance with A&amp;C eligibility criteria. All users will be contacted prior to the transfer and provided with information/support.</p>
Age	No's												
Under 25	5												
25-60	58												
60-70	19												
70plus	8												
2. Disability	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Disability Summary:</p> <p>_____</p>	<p>The transfer will be applied equally to all</p>										

Primary impairment	No of Users	<p>Independent Living Fund users. All users care and support needs will be reviewed in accordance with A&amp;C eligibility criteria. All users will be contacted prior to the transfer and provided with information/support.</p> <p>The impact of any reduction in the value of a care package will be mitigated:</p> <ul style="list-style-type: none"> <li>• Provisions under the Care Act will ensure that those with assessed care needs will have outcomes which continue to be met.</li> <li>• A transitional protection scheme will protect those people who have a reduction in funding.</li> </ul>
Arthritis (osteo-rheumatoid-still's dis)	4	
Brain damage (inc head injury)	4	
Cancers-tumours	1	
Cerebral Palsy	10	
Cerebro-vascular (inc stroke)	5	
Friedreich's ataxia	2	
Hydrocephalus	1	
Learning disability	1	
Lung or respiratory disease (inc asthma)	1	
Motor Neurone Disease	1	
Multiple Sclerosis	15	
Muscular Dystrophy or Atrophy	1	
Osteoporosis	2	
Other	13	
Parkinson's disease	1	
Polio damage	2	
Severe learning disability	17	
Spinal injury	9	
<p>The ILF's eligibility criteria is different than the care assessment eligibility criteria under the Care Act 2014. This may lead to a reduction in a person's care packages following a review/assessment of care needs.</p>		
<p>The impact is likely to vary according to whether the user is a Group 1 or a Group 2 user. Group 1 users are not required to have a council</p>		

		contribution towards care, Group 2 users are required to have a minimum assessed care needs and a council care package funded by at least £340 per week.	
3. Gender reassignment	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No data has been collected by the Department for Work and Pensions on whether the ILF users have this protected characteristic. The Department for Work and Pensions has not identified any inequitable impact relating to gender reassignment.	The transfer will be applied equally to all Independent Living Fund users. All users care and support needs will be reviewed in accordance with A&C eligibility criteria.
4. Pregnancy and maternity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No data is collected by the Department for Work and Pensions on whether the ILF users have this protected characteristic. The Department for Work and Pensions has not identified any inequitable impact relating to gender reassignment.	The transfer will be applied equally to all Independent Living Fund users. All users care and support needs will be reviewed in accordance with A&C eligibility criteria.
5. Race / Ethnicity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	The Department for Work and Pensions Equality Analysis for the ILF closure states: 'No evidence to suggest that any fresh decision to close the ILF would have a disproportionate impact on any particular race or ethnic group, or have an adverse impact (in relation to race/ethnicity) under either of the other limbs of the equality duty'	The transfer will be applied equally to all Independent Living Fund users. All users care and support needs will be reviewed in accordance with A&C eligibility criteria.
6. Religion or belief	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	The Department of Work and Pensions Equality Analysis for the Care Act has not identified any inequitable impact relating to religion or belief.	The transfer will be applied equally to all Independent Living Fund users. All users care and support needs

			will be reviewed in accordance with A&C eligibility criteria.
<b>7. Gender / sex</b>	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	The Department of Work and Pensions Equality Analysis has not identified any inequitable impact relating to Gender/Sex	The transfer will be applied equally to all Independent Living Fund users. All users care and support needs will be reviewed in accordance with A&C eligibility criteria.
<b>8. Sexual orientation</b>	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	The Department of Work and Pensions Equality Analysis has not identified any inequitable impact relating to sexual orientation	The transfer will be applied equally to all Independent Living Fund users. All users care and support needs will be reviewed in accordance with A&C eligibility criteria.
<b>9. Marital Status</b>	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	The Department of Work and Pensions Equality Analysis has not identified any inequitable impact relating to marital status	The transfer will be applied equally to all Independent Living Fund users. All users care and support needs will be reviewed in accordance with A&C eligibility criteria.
<b>10. Other key groups?</b>	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>		

<b>5. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?</b>
The closure and transfer of the Independent Living Fund is a decision made by Government. There are 90 people living in Barnet who are affected by the closure and transfer. The transferees care need and finances will be assessed in accordance with Adults and Communities policies and procedures. The council will ensure that assessed care needs and outcomes are met during and after the transfer.
<b>6. How does the proposal enhance Barnet’s reputation as a good place to work and live?</b>
The transfer of the Independent Living Fund and mainstreaming of care needs and support assessments will ensure that people with assessed care needs continue to receive the support they need to meet these care needs.

<p><b>7. How will members of Barnet’s diverse communities feel more confident about the council and the manner in which it conducts its business?</b></p>
<p>The transfer will be managed equally among all recipients of the Independent Living Fund.</p>
<p><b>8. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? <i>Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)</i></b></p>
<p>There are 90 people affected by the transfer. As cases are migrated across from the Fund their care needs and support planning will be reviewed by the locality teams within care services. Thereafter care needs and the financial assessment of contributions are reviewed annually. In addition to the annual review process, there will be monitoring of the impact of the transfer on transferee; changes in care packages; assessment of contributions.</p>
<p><b>9. How will the new proposals enable the council to promote good relations between different communities? <i>Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.</i></b></p>
<p>The assessment of care needs and financial contributions will be applied equally across all eligible groups of people. The mainstreaming of Independent Living Fund users within Adults and Communities policies will reduce inequities between people with similar or the same care needs and how these care needs are met.</p>
<p><b>10. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? <i>Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.</i></b></p>
<p>All those affected by the transfer have been consulted on the transfer. Support and advice has been offered to people to feedback on the transfer proposals. There was a mixed response to the proposals on the transfer. Following consultation it is proposed to implement a 6 month transitional protection scheme for those affected by the transfer, this will be applied equally to those affected by the transfer.</p>



## Overall Assessment

11. Overall impact		
Positive Impact  <input type="checkbox"/>	Negative Impact or Impact Not Known <sup>1</sup>  x <input type="checkbox"/>	No Impact  <input type="checkbox"/>

12. Scale of Impact		
Positive impact:  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	Negative Impact or Impact Not Known  Minimal x <input type="checkbox"/> Significant <input type="checkbox"/>	

13. Outcome			
No change to decision  <input type="checkbox"/>	Adjustment needed to decision  x <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i>  <input type="checkbox"/>	If significant negative impact - Stop / rethink  <input type="checkbox"/>

14. Please give full explanation for how the overall assessment and outcome was decided
The proposal on the management of the transfer has taken into account Department of Health guidance on the transfer and incorporated this within the report to Adults and Safeguarding Committee. It takes account of the Department of Work and Pensions overall Equality Analysis for closure and transfer of the Independent Living Fund.

<sup>1</sup> 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

### 15. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
<p>The Independent Living Fund closure and transfer affects 90 people. All transferees will be assessed under Adults and Communities care and financial eligibility criteria.</p>	<p>Care needs will generally be assessed within 3 months before and 3 months following the transfer</p> <p>Financial assessment of contributions will be assessed prior to the transfer</p>	<p>The numbers assessed as eligible for the Scheme as well as the numbers making enquiries about eligibility will be monitored through the Care Act Implementation Project.</p>	<p>Gary Johnson</p>	<p>1/07/15</p>

<p><b>1<sup>st</sup> Authorised signature (Lead Officer)</b>  <b>Gary Johnson</b></p>	<p><b>2<sup>nd</sup> Authorised Signature (Delivery Unit management team member)</b>  <b>Jon Dickinson</b></p>
<p><b>Date: 23/02/15</b></p>	<p><b>Date:25/02/15</b></p>

	AGENDA ITEM 9 <b>Adults and Safeguarding Committee</b> <b>23<sup>rd</sup> April 2015</b>
<p style="text-align: center;"><b>Title</b></p>	<p style="text-align: center;"><b>Variation of contract with the Alzheimer’s Society for the provision of dementia support services</b></p>
<p style="text-align: center;"><b>Report of</b></p>	Adults and Communities Director
<p style="text-align: center;"><b>Wards</b></p>	All
<p style="text-align: center;"><b>Status</b></p>	Public
<p style="text-align: center;"><b>Enclosures</b></p>	None
<p style="text-align: center;"><b>Officer Contact Details</b></p>	Karina Vidler, Commissioning Lead <a href="mailto:Karina.vidler@barnet.gov.uk">Karina.vidler@barnet.gov.uk</a> 020 8359 4559

<h2 style="margin: 0;">Summary</h2>
<p>This report seeks approval to vary the Council’s contract with the Alzheimer’s Society for the provision of dementia support services, to increase the number of Dementia Advisors from one to three.</p> <p>The Dementia Advisor Service addresses the need for specialist advice and support at an early stage, and delivers specific information at the point of diagnosis. It promotes better informed decision making so that independence can be sustained. The commissioned Dementia Advisor Service currently has one Dementia Advisor. There is a need to expand the service, in view of an increasing number of people being diagnosed and living with dementia in Barnet. It is planned that the additional Dementia Advisors will be in place from 1<sup>st</sup> May 2015 until the contract ends on 31<sup>st</sup> March 2016.</p> <p>A competitive procurement is being undertaken for all dementia support services from 1<sup>st</sup> April 2016. It would not be efficient to undertake competitive tendering for two additional Dementia Advisors in the interim. It would be unnecessarily complicated and resource-intensive to award a contract for the employment of two additional Dementia Advisors to another organisation, and then integrate these within the management and relationship structures of the existing Dementia Advisor Service.</p>

The costs of the variation will be funded through, and are identified in, the Better Care Fund pooled budget for 2015/16.

Expansion of the Dementia Advisor Service supports the objectives of the Barnet Health and Wellbeing Strategy 2012 to 2015 'Keeping Well, Keeping Independent'.

## **Recommendation**

- 1. That a variation to the Council's contract with the Alzheimer's Society for the provision of dementia support services be approved to increase the number of Dementia Advisors from one to three, from 1<sup>st</sup> May 2015 until the contract ends on 31<sup>st</sup> March 2016.**

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

- 1.1 The Council's contract with the Alzheimer's Society for dementia support services includes a Dementia Advisor Service. The Dementia Advisor Service addresses the need for specialist advice and support at an early stage, and delivers specific information at the point of diagnosis. It promotes better informed decision making so that independence can be sustained.
- 1.2 The commissioned Dementia Advisor Service currently has one Dementia Advisor. There is a need to expand the service, in view of an increasing number of people being diagnosed and living with dementia in Barnet. Demand for the service cannot be met by a single Dementia Advisor. It is proposed to vary the contract with the Alzheimer's Society to allow for the recruitment of two further Dementia Advisors, to be in place from 1<sup>st</sup> May 2015 until the contract ends on 31<sup>st</sup> March 2016.
- 1.3 This report is required under the Council's Contract Procedure Rules. These state (at Appendix 1, Table A) that a Committee Report is needed for acceptance of a contract variation which is within budget, where the contract value exceeds £172,514. The value of the contract for dementia support services, subject to the recommended variation, will be £475,330 (as set out in 5.2.2).

### **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The addition of two further Dementia Advisors to the Dementia Advisor Service is required to meet increasing demand for specialist information, advice and support.
- 2.2 The Cabinet Member for Adults on 10<sup>th</sup> April 2013, approved the award of a contract for prevention services to the Alzheimer's Society for one year to 31<sup>st</sup> March 2015, with the option to extend for a further year subject to review. An

element of the contract was a Dementia Advisor Service with an approved annual contract value of £60,000, to cover the employment of one Dementia Advisor and service infrastructure.

- 2.3 Policy and Resources Committee on 21<sup>st</sup> July 2014, agreed to the extension of the contract for prevention services with the Alzheimer's Society for one year to 31<sup>st</sup> March 2016.
- 2.4 A competitive procurement is planned for all dementia support services from April 2016 onwards. Funding has been approved for three Dementia Advisors within this procurement (specified in Procurement Forward Plan 2014/15 Appendix 1a, as agreed by Policy and Resources Committee, 21<sup>st</sup> July 2014).
- 2.5 The Alzheimer's Society has been providing support services to people with dementia in Barnet for a number of years, firstly through grant funding from both Barnet Clinical Commissioning Group and Barnet Council, and then via formal contracting arrangements with the council as lead commissioner. The services provided by the Barnet Alzheimer's Society are an integral part of the Barnet Dementia Pathway organised around a Barnet dementia network. Additional investment in the network has been made through the Clinical Commissioning Group, to expand the Memory Assessment Service provided by the Barnet Enfield and Haringey Mental Health Trust. Development of the Dementia Advisor Service is an important part of the care pathway.

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

- 3.1 The option to separately procure two Dementia Advisors has been considered. This option has been rejected, as:
  - It would be inefficient to undertake competitive tendering for two additional Dementia Advisors at this stage, when the full dementia support services are being re-procured from April 2016.
  - It would be unnecessarily complicated and resource-intensive to award a contract for the employment of two additional Dementia Advisors to another organisation, and then integrate these within the management and relationship structures of the existing Dementia Advisor Service.

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

- 4.1 The Alzheimer's Society will be instructed to recruit two further Dementia Advisors on the same terms and conditions as the current Dementia Advisor.
- 4.2 The two additional Dementia Advisors will be integrated into the Service's existing management structures.
- 4.3 The expanded Dementia Advisor Service will be subject to existing outcomes-based performance monitoring arrangements.

## 5 IMPLICATIONS OF DECISION

### 5.1 Corporate Priorities and Performance

5.1.1 One of the key aims of the Corporate Plan 2013 to 2016 is 'To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well'. Early diagnosis, treatment and support for people with dementia allows them to continue to live good quality lives. A key area affecting the ability of people with dementia to remain living in their own home is the availability of sound support in the community.

5.1.2 The currently commissioned dementia support services, including the Dementia Advisor Service, support the objectives of the Barnet Health and Wellbeing Strategy 2012 to 2015 'Keeping Well, Keeping Independent'. The strategy notes the expectation that the number of people with dementia in Barnet will increase.

5.1.3 The Health and Well-being Board:

- on 13<sup>th</sup> November 2014, agreed to support the achievement in Barnet of the three key outcomes of the Dementia Manifesto for London. One of these outcomes is timely diagnosis and appropriate post-diagnosis support.
- on 29<sup>th</sup> January 2015, agreed to the development of a local Barnet Dementia Manifesto, which builds on the progress to date on dementia care in Barnet.

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

5.2.1 The contract value of the variation is £67,834. This cost covers the two additional Dementia Advisors' salaries and on-costs over eleven months.

5.2.2 The contract value is:

	Current contract	Variation	Whole contract including variation
<b>Contract value (£)</b>	407,496	67,834	475,330

5.2.3 The contract covers a Dementia Advisor Service and a Dementia Day Opportunities Service which includes carer support.

5.2.4 There are no indirect costs to the Council associated with the decision (eg property, IT).

5.2.5 The full costs of the variation are identified in, and will be met from, the

2015/16 Better Care Fund pooled budget.

5.2.6 The Barnet Better Care Fund Plan ratified by the Health and Well-Being Board on 29th January 2015 sets out proposals for the implementation of a 5-Tier model of integrated health and social care. Dementia support services, including the Dementia Advisor Service, are important components of Tier 2 of the integrated care model.

5.2.7 The recommendation is compliant with the Council's Contract Procedure Rules:

- Authorisation of the contract variation has been obtained through the Annual Procurement Forward Plan approved by Policy and Resources Committee on 21<sup>st</sup> July 2014. (Contract Procedure Rules 7.1)
- The Contract Procedure Rules in Section 14.1 b) state that variation of an existing contract is permitted where a change of contractor cannot be realistically made for economic or technical reasons and would cause significant inconvenience or substantial duplication of the Council's costs, and new works, services or supplies need to be purchased from the contractor. This is subject to the provision that each change does not increase the Contract's value by more than 50 per cent as a result.
- Acceptance of the contract variation is being sought through this report, as required by Contract Procedure Rules (Section 14 and Appendix 1, Table A.) The Contract Procedure Rules state that acceptance is through the relevant thematic committee where the contact value exceeds the threshold of £172,514.

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

5.3.1 The Public Contracts Regulations 2015, regulation 72 contains provision dealing with the modification of contracts during their term. Guidance issued by the Crown Commissioning Service advises that regulation 72 applies to variations made to contracts after 26 February 2015 regardless as to whether the contract was awarded prior to that date. The variation proposed by this report is permitted by Regulation 72 of the Public Contracts Regulations 2015.

5.3.2 The Public Contracts Regulations 2015 requires the Council to publish a 'Contract Variation Notice' in the Official Journal of the European Union if the Council varies the contract as proposed in this report.

5.3.3 The variation is compliant with the Council's Contract Procedure Rules paragraph 14 (Extensions and Variations).

5.3.4 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution, Section 15: Responsibility for Functions

(Annex A). The Adults and Safeguarding Committee is responsible for the following:

- (1) promoting the best possible Adult Social Care services
- (5) ensuring that the Council's safeguarding responsibilities are taken into account
- (9) authorising procurement activity within the remit of the Committee and any acceptance of variations or extensions if within budget in accordance with the responsibilities and thresholds set out in Contract Procedure Rules.

5.3.5 The two additional Dementia Advisors will be included in the contract for dementia support services being drawn up by HB Public Law. The contract allows for variation of services.

## **5.4 Risk Management**

5.4.1 The addition of two further Dementia Advisors to the currently commissioned service is very low risk:

- The Council has an established relationship and currently commissions dementia support services from the Alzheimer's Society.
- Payments will be made in accordance with usual contract management procedures and subject to performance and outcome monitoring.
- The addition of two Dementia Advisors to the contract is unlikely to raise significant levels of public concern or give rise to policy considerations as the Alzheimer's Society is an established local provider with a good track record.
- The provision of these services supports the development of a dementia network in Barnet. The aim of the dementia network is to provide a dementia resource of multi-agency interventions and support networks for people with dementia and their carers.
- The service which is being expanded supports the health and social care agenda for older people, in preventing the need for longer term or more expensive services such as residential care.

5.4.2 The addition of two further Dementia Advisors to existing support services will address the risk of the growing number of people in Barnet not receiving information, advice and support that they need. Specifically, it will work towards meeting the need for greater and earlier social care, and mitigate the risk of vulnerable older people at home having a poorer quality of life. The provision of this service supports people to remain at home in the community for longer and delays admission to care homes.



## **5.5 Equalities and Diversity**

5.5.1 The Equality Act 2010 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.

5.5.2 The dementia support services assist the Council in meeting its duties under the Equality Act 2010, particularly with regard to age and race, in that:

- Dementia Incidence is much higher in older age groups, and increases markedly with age. Amongst the 65+ age group, estimated prevalence ranges from 7.8% to 8.7%, and amongst those aged 85 or over, prevalence is nearly 1 in 4.
- In Barnet approximately 80% of the population aged 65 and over are White. The largest ethnic minority group is Asian/ Asian British (13% of the 65+ population). (Joint Strategic Needs Assessment 2013/14). Barnet will see an increase in the ethnic diversity of their older populations and thus a greater proportion of people with dementia will be from Black and Minority ethnic groups in the future.


## **5.6 Consultation and Engagement**

5.6.1 Consultation undertaken with a range of stakeholders in relation to the procurement of dementia support services from April 2016 has shown strong support for the Dementia Advisor Service. A range of stakeholders have voiced the urgent need to expand the service in order to meet demand from people with dementia for specialist information, advice and support. These stakeholders include:

- People living with dementia and their carers (group consultation 23<sup>rd</sup> June 2014, 19 participants plus written comments from carers)
- individual carers (structured interviews with individuals 23<sup>rd</sup> and 24<sup>th</sup> July 2014)
- Older Adults Partnership Board (meeting 17<sup>th</sup> July 2014 with 20 participants including service user and carer representatives, and voluntary sector providers of services for older people).
- Adults and Communities Social Work Locality Team Leaders and Lead Practitioners (consultation meeting with three participants 10<sup>th</sup> October 2014 plus one set of written comments received).

## 6. BACKGROUND PAPERS

- 6.1 Cabinet Members for Adults decision on 10 April 2013 to award contract for prevention services to the Alzheimer's Society for one year from April 2013 – March 2014, with the option to extend for a further year:  
<http://committeepapers.barnet.gov.uk/ieDecisionDetails.aspx?ID=5228>
- 6.2 Minutes of Policy and Resources Committee agreement on 21<sup>st</sup> July 2014 to extend the contract for prevention services with the Alzheimer's Society to 31 March 2016: [Agenda for Policy and Resources Committee on Monday 21st July, 2014, 7.00 pm - London Borough of Barnet](#) and Forward Plan to which this agreement relates, including in Appendix 1(a) extension of the contract with the Alzheimer's Society for dementia support services:  
<http://barnet.moderngov.co.uk/documents/s16153/documents/s16153/Appendix%20A%20-%20list%20of%20procurements.pdf>
- 6.3 The Barnet Better Care Fund Plan ratified by Health and Well-being Board 29<sup>th</sup> January 2015:  
<http://barnet.moderngov.co.uk/documents/s20674/Appendix%201%20Final%20BCF%20Plan%20Part%201%20v1.1%2014%20Jan%202015.pdf>

	AGENDA ITEM 10
	<p><b>Adults &amp; Safeguarding Committee</b></p> <p><b>23 April 2015</b></p>
<b>Title</b>	<b>Adults &amp; Safeguarding Committee Work Programme</b>
<b>Report of</b>	Dawn Wakeling, Adults and Health Commissioning Director
<b>Wards</b>	All
<b>Status</b>	Public
<b>Enclosures</b>	Appendix A - Committee Work Programme March - May 2015
<b>Officer Contact Details</b>	Anita Vukomanovic, Governance Team Leader Email: <a href="mailto:anita.vukomanovic@barnet.gov.uk">anita.vukomanovic@barnet.gov.uk</a> 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  
April 2015 - May 2015**

Contact: Anita Vukomanovic 020 8359 7034 [anita.vukomanovic@barnet.gov.uk](mailto:anita.vukomanovic@barnet.gov.uk)

Subject	Decision requested	Report Of	Contributing Officer(s)
23 April 2015			
Your Choice (Barnet) (YCB) - Follow Up Report to Care Quality Commission's (CQC) Inspection of the Barnet Supported Living Service, August 2014	This report provides Committee with a follow up Report to the Care Quality Commission's (CQC) Inspection of the Barnet Supported Living Service, August 2014.	Commissioning Director (Adults and Health)	
Future of the Independent Living Fund in Barnet	Committee to receive a report on the future of the Independent Living Fund in Barnet.	Adults and Communities Director	
Variation of contract with the Alzheimer's Society for the provision of dementia support services	This report seeks approval to vary the Council's contract with the Alzheimer's Society for the provision of dementia support services, to increase the number of Dementia Advisors from one to three.	Adults and Communities Director	