MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

WEDNESDAY 16TH SEPTEMBER, 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

Tom Davey
Barry Rawlings
Philip Cohen
Helena Hart
David Longstaff
Reema Patel
Reuben Thompstone
Claire Farrier

Substitute Members

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

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

Andrew Charlwood – Head of Governance

Governance Service contact: Anita O'Malley 020 8359 7034
anita.vukomanovic@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	1 - 4
2.	Absence of Members	
3.	Declarations of Members Disclosable Pecuniary Interests and Non-Pecuinary Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Members' Items (if any)	
a)	Member's Item - Councillor Patel	5 - 8
7.	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15	9 - 56
8.	Mental Health Community Model Full Business Case	57 - 112
9.	Committee Forward Work Programme	113 - 118
10.	Any other items that the Chairman decides are urgent	

FACILITIES FOR PEOPLE WITH DISABILITIES
Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

FIRE/EMERGENCY EVACUATION PROCEDURE
If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

Decisions of the Adults and Safeguarding Committee

14 July 2015

AGENDA ITEM 1

Members Present:-

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

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

Apologies for Absence

Councillor Pauline Coakley Webb

1. MINUTES

The Chairman of the Adults and Safeguarding Committee, Councillor Sachin Rajput welcomed all attendants to the meeting.

RESOLVED that the minutes of the meeting of 8th June 2015 be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies received from Councillor Pauline Coakley Webb who was substituted by Councillor Arjun Mittra.

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

Councillor Barry Rawlings declared a non-pecuniary interest in relation to Agenda Item 7 (Healthwatch Barnet Enter & View Summary Report 2014-15) by virtue of his work undertaken with CommUnity Barnet.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None were received.

6. MEMBERS' ITEMS (IF ANY)

None.

7. HEALTHWATCH BARNET ENTER & VIEW SUMMARY REPORT 2014/15

The Chairman of the Adults and Safeguarding Committee welcomed the report and introduced the item which sets out the summary of the findings of the Enter and View visits as carried out by Healthwatch Barnet. It was noted that Healthwatch Barnet is the consumer champion voice for health and social care users and that it has a legal right to conduct Enter and View visits.

At the invitation of the Chairman, Michael Rich Head of Healthwatch Barnet and Julie Pal CEO of CommUnity Barnet joined the table.

Councillor Arjun Mittra requested that the List of Enter and View visits as set out in the report (Agenda p16) be circulated to Members of the Health Overview and Scrutiny Committee. (**Action**)

In response to a query from the Committee, Mr Rich explained that in comparison to national numbers, the Barnet Healthwatch Enter and View team have carried out a high number of visits in 2014/15.

Subsequent to a question from a Committee Member about follow-up actions, Mr Rich stated that as a result of the revisit reviews, a majority of recommendations had been implemented and carried out by service providers.

The Chairman commended the discussions and the work undertaken by Healthwatch Barnet and its Enter and View team as set out in the report and the appendix to the report.

RESOLVED that the Committee note and comment on information regarding Enter and View visits carried out by Healthwatch Barnet during 2014/15.

Votes were recorded as follows:

For	9
Against	0
Abstentions	0

8. ADULTS AND COMMUNITIES DELIVERY UNIT ANNUAL COMPLAINTS REPORT 2014/15

The Committee considered the Adults and Communities Annual Complaints Report and the appendix to the report. Furthermore, the Committee noted that publication of a Complaints Report for adult social care is a statutory requirement.

The Adults and Communities Director Mathew Kendall informed the Committee about the need to improve the speed of communication responses which will be addressed as part of the service process review.

Following a query from the Committee, the Community Wellbeing Assistant Director James Mass briefed the Committee on the monitoring arrangements in place to capture information about complaints and using this to implement lessons learnt.

The Committee noted the importance of capturing a number of examples from complaints made and incorporating those examples within the Annual Complaints Report. **(Action)**

The Chairman moved the following amendment to the Recommendations:

The Adults and Safeguarding Committee to note the information contained within the Adults and Communities Annual Complaint Report 2014-15 and approve the draft report for final publishing and to comment upon the same.

Votes were recorded as follows.

For	9
Against	0
Abstentions	0

The motion was declared carried and became the substantive motion.

The Chairman moved to the vote. The Committee therefore unanimously
RESOLVED that:

The Adults and Safeguarding Committee to note the information contained within the Adults and Communities Annual Complaint Report 2014-15 and approve the draft report for final publishing and to comment upon the same.

For	9
Against	0
Abstentions	0

9. ADULTS AND SAFEGUARDING ANNUAL PERFORMANCE REPORT INCLUDING THE ADULT SOCIAL CARE LOCAL ACCOUNT

The Chairman introduced the item which sets out the annual report of the work undertaken by the Committee and the progress made in 2014/15.

The Commissioning Director for Adults and Health Dawn Wakeling briefed the Committee about the progress made against the Corporate Plan objectives and the CPIs contained in the report.

Ms Wakeling informed the Committee about the BILT (Barnet Integrated Locality Team) initiative which was set up in August 2014 to increase joined up working to deliver health and social care services. Furthermore, Ms Wakeling noted that a review is taking place to take the lessons learnt forward to provide integrated care services more widely.

The Chairman moved a motion to amend Recommendation 2 of the report:

That the Committee notes the information contained within the Adult Social Care Local Account 2014-15 and approves the version of the report attached at Appendix A for publishing as final on the Council website.

Having been put to the vote, the motion was carried and became the substantive motion. Votes were recorded as follows:

For	9
Against	0
Abstentions	0

The Chairman moved to the vote on the Recommendations as amended. The Committee therefore

RESOLVED:

1. **That the Committee note the progress made during 2014/15 and agree to use the information provided to help in future decision making.**

2. **That the Committee notes the information contained within the Adult Social Care Local Account 2014-15 and approves the version of the report attached at Appendix A for publishing as final on the Council website.**

Votes were recorded as follows:

For	9
Against	0
Abstentions	0

10. COMMITTEE FORWARD WORK PROGRAMME

The Chairman introduced the Forward Work Programme report which is a standing item on the agenda and lists the business items for upcoming meetings.

In consultation with Councillor Reuben Thompstone, Chairman of the Children, Education, Libraries and Safeguarding Committee, the Chairman requested that a refresher training session be organised for Members of the Adults and Safeguarding Committee and the Children, Education, Libraries and Safeguarding Committee in September. (**Action**)

RESOLVED that Committee consider and comment on the items included in the 2014/15 work programme.

11. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

There were none.

The meeting finished at 8.45pm.

4

AGENDA ITEM 6a

Adults and Safeguarding Committee

16 September 2015

Title	**Member's Item – Councillor Reema Patel**
Report of	Head of Governance
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Anita O'Malley – Governance Team Leader anita.vukomanovic@barnet.gov.uk – 0208 359 7034

Summary

The report informs the Adults & Safeguarding Committee of a Member's Item and requests instruction from the Committee.

Recommendations

1. The Adults and Safeguarding Committee's instructions in relation to this Member's item are requested.

1. WHY THIS REPORT IS NEEDED

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

1.2 *"To ask officers for a briefing on the recently published proposals not to renew or re-tender the council's meals at home service, and enable the Adults & Safeguarding Committee to discuss the proposals and contribute their views*

at this formative stage of the process, including asking questions about the impact on service users."

2. REASONS FOR RECOMMENDATIONS

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

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

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

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies, such as the Health and Wellbeing Strategy, and the Barnet Joint Strategic Needs Assessment.

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

5.2.1 None in the context of this report.

5.3 Social Value

5.3.1 Members Item's provide an avenue for Members to raise issues for discussion within a Committee setting.

5.4 Legal and Constitutional References

5.4.1 The Council's Constitution (Meeting Procedure Rules, Section 6) notes that a Member (including Members appointed as substitutes by Council will be permitted to have one matter only (with no sub-items) on the agenda for a meeting of a Committee or Sub-Committee on which s/he serves. Members items must be within the term of reference of the decision making body which will consider the item.

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

5.5 Risk Management

5.5.1 None in the context of this report.

5.6 **Equalities and Diversity**

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

5.7 **Consultation and Engagement**

5.7.1 None in the context of this report.

5.8 **Insight**

5.8.1 The process for receiving a Member's Item is set out in the Council's Constitution, as outlined in section 5.4 of this report. Member's will be requested to consider the item and determine any further action that they may wish in relation to the issues highlighted within the Member's Item.

6. BACKGROUND PAPERS

6.1 E-mail to Governance Officer dated 25 August 2015.

This page is intentionally left blank

AGENDA ITEM 7

Adults and Safeguarding Committee
16th September 2015

Title	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15
Report of	Chris Miller, Independent Chair of the Safeguarding Adults Board Dawn Wakeling, Adults and Health Commissioning Director
Wards	All
Status	Public
Urgent	No
Key	Non Key
Enclosures	Appendix A – Barnet Safeguarding Adults Board Annual Report 2014-15 Appendix B – Safeguarding Adults Board Business Plan 2014-16
Officer Contact Details	Sue Smith, Head of Safeguarding Adults e-mail: sue.smith@barnet.gov.uk Tel: 0208-359 6105

Summary

The Safeguarding Adults Board is a multi-agency group that meets four times a year and reports annually on its work. The Board was established to ensure there is a multi-agency approach to safeguarding adults at risk of abuse within Barnet.

The Board's governance arrangements ensure that the Board reports on its work to the Council through the Adults and Safeguarding Committee and due to the important multi-agency arrangements and the role of health, it is noted by the Health and Well-being Board as well as each partners executive Board. Following the passing of the Care Act in April 2014 the Barnet Safeguarding Adults Board has become a statutory body with a number of legally enforceable duties from April 2015.

The Barnet Safeguarding Adults Report has been written in an accessible format for members of the public. The report documents the work of the Safeguarding Adults Board in 2014-15. It outlines membership of the Board, work of the Safeguarding Adults User

Forum, work plan progress and analysis of safeguarding alerts received during 2014-15 and priorities for 2014-16.

Recommendations

1. **That the Committee note and make comments on the information contained within the Draft Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014-15 which the Multi- Agency Safeguarding Adults Board were asked to approve on 10th September 2015.**
2. **That the Committee note the current Safeguarding Adults Board Business Plan for 2014-16 to ensure that there is a continued robust multi-agency approach to safeguarding residents in Barnet, with involvement from the Council, NHS Barnet Health Trusts, the Police and the Voluntary Sector.**

1. WHY THIS REPORT IS NEEDED

1.1 The Barnet Safeguarding Adults Board Annual Report provides details about Safeguarding work carried out within the Council from 1st April 2014 to 31st March 2015. The report outlines membership of the Board, work of the Safeguarding Adults Service User Forum, work plan progress and analysis of safeguarding alerts received during 2014-15. The Board is chaired by an independent person, Chris Miller.

1.2 Since 2000 and the publication of "No Secrets" the local authority has been required to take a lead coordinating role with all relevant organisations on safeguarding adults in its area. The Care Act 2014 places this in primary legislation for the first time. Whilst the Care Act 2014 came into effect from April 2015 and therefore does not cover this reporting period, preparations have been put in place to ensure that the Board is compliant with the statutory legislation.

1.3 The Safeguarding Adults Board has to report on its work to elected members via the Adults and Safeguarding Committee and then to partners and members at the Health and Wellbeing Board. Additionally, each agency represented on the Board will present the report to their agency executive Board.

1.4 The work of the Safeguarding Adults Service User Forum continues to ensure that the voice of service users remains central to our safeguarding work. The Safeguarding Adults Service User Forum meets quarterly. This model of engagement was identified as a good practice model during a Safeguarding Adults Peer Review carried out in March 2013.

1.5 The Barnet Multi-Agency Safeguarding Board has worked to support family carers across the partnership including working with the Barnet Carers Centre to support carers and raise awareness of safeguarding processes. The Carers Forum actively worked to raise awareness of carers as reporters of abuse, potential victims and also potential perpetrators. Additionally, there has been training for staff about how we can better support carers as a result of the new legislation.

1.6 Local health services have continued throughout 2014-15 to improve the quality and safety of local services. Each of the Council's health partners have staff dedicated to Safeguarding and an established internal Safeguarding Group. This ensures that patients receiving health services are treated with dignity and respect, that the most vulnerable patients receive the care they need and that if things are not done correctly they are taken seriously and investigated thoroughly to ensure they do not occur again. All partners have Safeguarding and Mental Capacity Act training in place for their staff.

1.7 The Board requires each health partner to report on their plans and the progress that they have made on a scheduled basis. In addition each health partner has been required to attend a "present and challenge" session with the Safeguarding Adults User Forum to ensure they are safeguarding the patients in their care.

1.8 Barnet, Enfield and Haringey Mental Health Trust have carried out an internal audit to ensure the London Safeguarding Adults Procedures have been followed appropriately. They have also introduced a safeguarding surgery which is attended by clinicians from across the organisation. The forum promotes a patient centred approach, collaborative working with partners and implementation of the new legislation.

1.9 The Royal Free London NHS Foundation Trust has strengthened their safeguarding team by appointing more staff, including a lead nurse of safeguarding based at Barnet and Chase Farm Hospitals. They have worked with the Board to ensure practice in relation to the Mental Capacity Act and the Deprivation of Liberty Safeguards has improved across the organisation.

1.10 Central London Community Healthcare NHS Trust have worked to protect patients vulnerable to pressure ulcers by ensuring staff are trained in prevention and skilled in the assessment of these if they develop. They have also increased awareness of staff about abuse and where to report it. This can be evidenced in the increase in safeguarding alerts by this agency.

1.11 The Barnet Clinical Commissioning Group (CCG) is responsible for ensuring that all Health organisations have effective arrangements in place to safeguard adults at risk of abuse. The CCG have worked on a quality initiative with the community health care provider to identify risks, prevent pressure ulcers and manage the care of patients who develop them. They have also organised patient and carer events focusing on lasting power or attorneys and advanced decisions. They have taken part in the Domestic Homicide Review and have worked with NHS England to implement recommendations for Primary Care Services.

1.12 The Safeguarding Adults Training Programme for 2014-15 was delivered to 515 staff across the health and social care workforce. The core training included awareness sessions, policy and procedure training and Safeguarding Adults Investigations. An additional significant number of staff were trained by

NHS Health Trusts across the different sites in line with local targets, and we hosted another successful Safeguarding month in November in conjunction with the Safeguarding Children's Board.

1.13 In 2013/14 there were 55 applications for the Deprivation of Liberty Safeguards (DoLS). However in March 2014 there was a change in law following a judgement of the Supreme Court. This broadened the number of people affected to include anyone who lacks capacity to make decisions about their care and treatment in a care home or hospital and who is under continuous supervision and control and not free to leave. This judgement has led to an unprecedented increase of 640 applications for authorisation of the DoLS.

1.14 The Board has continued its work throughout 2014-15 to increase public awareness of what abuse is and how it can be reported. Raising Awareness amongst members of the public was a high priority for the Boards work in 2014-15. The Board planned a number of events to raise awareness throughout the year including World Elder Abuse Awareness week held June 2014, and Safeguarding Month in November 2014. Events focused on topics such as the Mental Capacity Act, domestic violence, support for family carers and a conference for care home staff on preventing harm. Safeguarding information has been contained in a number of publications available to the public such as the Barnet First magazine and the Local Account of adult social care.

1.15 The London Fire Brigade carried out 2490 free home fire safety visits to Barnet residents in 2014-15.

1.16 The Community Safety Partnership has been working to reduce the risk of residents becoming victims of burglary, by providing crime prevention guidance and working to reduce the risk of individuals becoming repeat victims of burglary. This has been achieved through home visits which assess the safety of their home and provide them with free locks and security measures. There was a further 2.5% reduction in Burglary in the borough compared to last year.

1.17 The Police have improved their response to adults at risk by introducing 'vulnerability assessments' These are carried out by Police officers and then sent to the Multi-Agency Safeguarding Hub (MASH), where concerns around the quality of life of the adults at risk is reviewed and assessed to protect the adult. The Police have improved their response to domestic abuse through the introduction of Domestic Violence Protection Orders, where a perpetrator can be banned from having contact with the victim for up to 28 days.

1.18 The London Borough of Barnet has one of the largest numbers of care homes in Greater London. There are 101 care homes registered by the Care Quality Commission and these homes provide approx. 2600 beds for a range of older people and younger people with disabilities. The Adults and Communities, Integrated Quality in Care Homes Team continue to work closely with care homes to provide them with advice and support in developing practice, as part

of our commitment to improve the quality of services. Throughout 2014-15 the Integrated Quality in Care Home Team has worked with care homes to develop and implement individual improvement plans. Best practice continues to be shared through quarterly practice forums, workshops and training sessions.

1.19 Throughout 2014-15 a total of 764 alerts were received which is a 35% increase on 2013-14. This is the highest number of alerts ever received by the Council. The number of alerts raised by members of the public has increased by 28%. Raising awareness of what is abuse and how to report has been a priority for the Safeguarding Adults Board. This increase in alerts can be seen as a success of that campaign.

1.20 The most common alerts concern the alleged neglect of older people, with 54% of alerts relating to older people and of these 38% involved alleged neglect. Neglect along with physical abuse, was also a common concern relating to adults with learning disabilities. For those people with physical disabilities or mental health needs alerts most frequently involved a combination of abuse.

1.21 Of the 764 alerts received 487 were referred for further investigation. The number of alerts has increased substantially as has the number investigated, however the percentage of alerts investigated has gone down in comparison to last year. This means that many more people are aware of abuse and where to report it, however the prevalence of abuse has remained similar. 49% of cases investigated were fully or partially substantiated.

1.22 The summary achievements of the Barnet Safeguarding Adults Board are set out in the attached annual report. The Business Plan for 2014-16 outlines the priorities for the Board in the year ahead and has been developed from consultation with service users, carers and partners; feedback from the service user forum, and consideration of national policy developments.

1.23 The key objectives outlined in the Business Plan are:

- Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure sores.
- Improve access to justice for vulnerable adults (through criminal, civil and restorative justice)
- Increase understanding of what may constitute as abuse
- Improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards
- Adopt the making safeguarding personal framework and ensure implementation of lessons learned from any serious case reviews or domestic homicide review.

2. REASONS FOR RECOMMENDATIONS

2.1 The Adults and Communities Delivery Unit has carried out an analysis of the Safeguarding work carried out from 1st April 2014 to 31st March 2015 in order to provide assurance to the Safeguarding Adults Board, measure the effectiveness of the work that is carried out and to ensure that lessons are learnt by the organisation.

2.2 The Safeguarding Adults Board Business Plan 2014-16 outlines the priorities which are being addressed by the Barnet Safeguarding Adults Board for 2014-16.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 No appropriate alternative options available.

4. POST DECISION IMPLEMENTATION

4.1 The Barnet Safeguarding Adults Board Annual Report is a public document which can be accessed through the Council website.

4.2 The report includes a lessons learned from a Domestic Homicide Review which are actions aimed at improving the provision of Safeguarding and work that is being carried out. These actions will be implemented and monitored through the work Community Partnership Board in liaison with the Barnet Safeguarding Adults Board.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Corporate Plan 2015-20 outlines the Council's commitment to safeguarding which underpins everything we do and aims to protect the most vulnerable people, both children and adults, from avoidable harm or abuse.

5.1.2 The Corporate Plan strategic objectives 2015-20 states that; the council, working with local, regional and national partners, will strive to ensure that Barnet is the place:-

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves, recognising that prevention is better than cure…
- Where responsibility is shared, fairly…
- Where services are delivered efficiently to get value for money for the tax payer.

5.1.3 The Council's aim is to work with partners such as the police, the NHS and with residents to ensure that Barnet remains a place where people want to live and where people feel safe.

5.1.4 Legislation from the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) serve to support the corporate objectives specifically, that Barnet is a place of opportunity, where people can further their quality of life and one of the Barnet Safeguarding Adults Boards Objectives, as outlined in the Safeguarding Adults Board Business Plan 2014-16, is to "improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards".

5.1.5 The Health and Wellbeing Strategy has two overarching aims which are "keeping well" and "keeping independent". The council's commitment to ensuring that we safeguard and protect the most vulnerable people within the Borough from avoidable harm or abuse supports this strategy and its success within the London Borough of Barnet.

5.1.6 The Barnet Safeguarding Adults Board Annual Report 2014-15 provides the public with an overview of the work that has been carried out by the Barnet Multi-Agency Safeguarding Board throughout 2014-15. This information helps to inform Barnet's Joint Strategic Needs Assessment which provides an opportunity to explore and understand the needs of users of the health and social care system and to understand and map key health trends locally.

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

5.2.1 There are no significant resource implications arising from the recommendations of this report. The activities listed above have been managed within the appropriate organisations existing budgets.

5.2.2 Safeguarding training is currently provided by Adults and Communities and this training is mandatory for all Adults and Communities staff. Safeguarding training is also offered to all Providers commissioned through Adults and Communities and the provision is covered within the Adults and Communities budgets.

5.2.3 The current annual budget for the Safeguarding Adults Board is £91,285, most of which covers specialist safeguarding posts and the post of independent Chair. It also includes training for the health and social care workforce, plus any costs associated with statutory safeguarding adult reviews. Each partner has been asked to provide a contribution towards Board costs; so far contributions have been agreed with the CCG and BEH Mental Health Trust.

5.3 Social Value

5.3.1 The Barnet Safeguarding Adults Board supports the Public Services (Social Value) Act 2012 by ensuring that robust safeguarding procedures are in place throughout the borough. The council ensures that Providers commissioned to work with adults accessing social care services have the required skills and training to support effective safeguarding throughout the borough and the Board aims to publicise the key issues surrounding safeguarding within the Borough to strengthen the public's awareness of safeguarding issues.

5.4 Legal and Constitutional References

5.4.1 Adult Safeguarding is led by the local authority, based on the 'No Secrets' Guidance 2000 issued by the Department of Health under section 7 of the Local Authorities Social Services Act 1970. This is the legislation in place during the timeframe of this report.

5.4.2 The Care Act 2014 came into effect in April 2015. One of the elements of the Act is that Barnet Safeguarding Adults Board has now become a statutory body with a number of legally enforceable duties.

5.4.3 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution - Section 15 Responsibility for Functions (Annex A). Specific responsibilities of those powers, duties and functions of the Council in relation to Adults and Communities include the following specific function:

- Promoting the best possible Adult Social Care services.

5.4.4 The 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 are taken into account.

5.5 Risk Management

5.5.1 A failure to keep adults at risk of abuse safe from avoidable harm represents not only a significant risk to residents but also to the reputation of the Council. Although safeguarding must be the concern of all agencies working with vulnerable adults, the Local Authority is the lead agency. As such, both members and senior officers carry a level of accountability for safeguarding practice in Barnet. Governance structures are in place to ensure that other lead stakeholders, including the NHS and the police, are represented to ensure that practice across the partnership meets safeguarding requirements.

5.6 Equalities and Diversity

5.6.1 Equality and diversity issues are a mandatory consideration in decision making in the council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 Section 149 of the Act imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard to the need to:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.3 54% of the adults referred were over the age of 65. 60% of these older adults were aged 85 or over. This largely reflects the age profile of Barnet service users receiving a care package. 38% of older people referred have dementia.

Table 1: Primary Client Group Referred

Primary Client Group	2012/13	2013/14	2014/15
Older People	63%	56%	54%
Learning Disability	12%	20%	20%
Mental Health	16%	15%	17%
Physical Disability & Sensory	8%	9%	9%

5.6.4 The proportion of alerts involving white residents (74.1%) is very similar to last year and remains representative of the adult social care client base. The number of alerts involving Asian/Asian British adults (64 alerts) has increased by 2% from 2013/14; however, alerts involving this group remain below that which would be expected, based on service user demographics. The number of alerts involving Black/Black British residents has fallen from levels reported in 2013/14 and has returned to those seen in 2012/13. Based on general Adult Social Care figures, the proportion of alerts involving Black/Black British adults is slightly lower than might be expected.

Table 2: Ethnicity adults at risk referred

Ethnic Grouping	2012/13	2013/14	2014/15
White	481	423	565
Asian/ Asian British	38	36	64
Black / Black British	28	51	38
Mixed Ethnic Origin	9	6	8
Any Other Ethnic Group	25	13	16
Not Known	25	33	71

5.6.5 As seen in previous years, there were more referrals concerning women. 456 alerts related to female adults at risk, compared with 296 males. The proportion of alerts concerning female adults at risk, remained at 61%.

5.6.6 The Adults Safeguarding Board Business Plan 2014-16 aims to address the disproportionate impact of the different groups with protected characteristics in regards to safeguarding and one of the ways the plan aims to achieve this is through training.

5.7 Consultation and Engagement

5.7.1 The report will assist us in identifying any improvements that need to be made to our Service or, to policy and procedure. This will be done in full consultation with relevant groups before any changes are recommended and implemented.

5.8 Insight

5.8.1 No specific insight data has been used to inform the decision required, however the report is based on the analysis of the annual safeguarding data for 2014-15.

6 BACKGROUND PAPERS

6.1 Barnet Multi-Agency Safeguarding Adults Board Annual Report 2013-14.

Barnet Safeguarding Adults Board

Annual Report 2014-15

Foreword from the Independent Chair of Barnet Safeguarding Adults Board

This is my second report as Independent Chair of the Barnet Safeguarding Adults' Board (SAB) and I regard it as a privilege to work alongside so many people who care for those who are elderly or vulnerable. Whether a service user, a friend or relative of a service user or perhaps a service user in waiting we can all be glad that so many of our workforce work so hard to make a difference.

The SAB enters new territory this coming year as legislation in the form of the Care Act 2014 now gives our activities and responsibilities a formal legal context. Prior to the Care Act we were an informal alliance of public service partners and some voluntary sector contributors whose work impacts the lives of the vulnerable and elderly. Now we are a formal partnership. Although our status has changed, the way that we do business has not. We have always been determined to make the lives of those for whom we have a responsibility as safe as they can be within the context of allowing them to live their lives without undue interference. We strive to coordinate our efforts to those ends.

We meet as a Board of about 25 organisations four times a year and also on other occasions in smaller working groups to develop the fine detail and close understanding of how we are performing.

In 2014 we established a two year plan with four strategic priorities.

- Reducing the impact that pressure sores have on the health and wellbeing of those who are particularly frail
- Improving vulnerable people's access to justice
- Enhancing the public understanding of abuse of the vulnerable
- Improving the workforce's practical understanding of mental capacity.

In each of these priorities we have made some useful progress, but much remains to be done. We have developed or adopted protocols for the management of pressure sores. We have established a multi-agency working group on the subject. We have mapped and got a better understanding of certain types of crime to which the vulnerable are prone. We have cooperated in the use of technology to prevent and detect crimes such as distraction burglary (where criminals pose as officials and trick their way into vulnerable people's homes). We have run publicity campaigns to enhance the public understanding of abuse and have seen an increase in reports to us in the process. We have run training programmes and delivered conferences, invariably well attended, where staff are challenged on their understanding of what it means to have the capacity (or not) to make decisions. This particular issue has assumed considerable importance for us in the past year because of a law case (known to professionals as "Cheshire West"), which established a new and very different threshold for professionals in assessing the sometimes competing concepts of liberty (for clients to do what they want) and the need for public servants to safeguard them from harm.

Our work has been enhanced and challenged on a regular basis over the past year by our

Safeguarding Adult's Service User's Forum. This is an enthusiastic and committed group of adults who offer ideas on service development. They receive reports from service suppliers and frequently test those service suppliers' in depth understanding of what really happens by offering their own experiences as an example of how sometimes it does not go as well as those in charge would like to think.

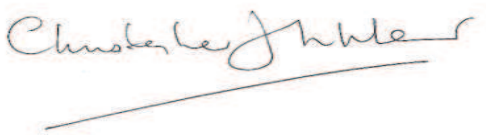
Our partnership approach to safeguarding adults has come a long way in a short time, but the journey is nowhere near completed. We have to deal with differing IT systems between organisations, disparate organisational cultures and competing performance targets. Those factors can make partnership work very hard, but it is because of this we are more determined.

We will continue with our business plan's priorities for the next twelve months. Like all localities we have a number of challenges over the next few years of which probably the most commonly cited is a growing population of elderly people with fewer resources to care for them.

The way that we intend to meet that challenge is to become more coordinated to embrace the opportunities that technology and big data offer and to promote more of what works well while being resolute in moving on from procedures that deliver a lot of process but not necessarily many results.

We also want to incorporate into more of our ways of working the programme called "Making Safeguarding Personal". At the heart of this programme is the assumption that people know how to live their lives better than any expert and that the professional's job is to listen to what a service user wants and feels and accommodate those thoughts and feelings into a safeguarding plan. What we as professionals do is sometimes have a set of rigid process driven plans into which a service user must be fitted. This too is a challenge for professionals but it goes to the heart of what it means for adults to be free and live a full life.

To achieve these bold aims we need to continue in the same cooperative mode that we have developed over some time in Barnet but crucially we need to ensure that our activities are underpinned by a sound understanding of what our performance data tells us. That is still some way off for us. I reported last year that I thought that our ability as a Safeguarding Board to understand what our data told us about what works, what doesn't and what needs to either change or be celebrated was limited. This has not moved much in the past year. However we have now developed some concrete plans to establish a way of getting insight into our collective performance and if we achieve in this respect what we aspire to do then the excellent work of our staff, and their commitment to do better will be all the better focused and more impactful than is currently the case. In relation to our four key objectives, while we have made progress in each of them we are restless for further improvement.



Chris Miller

Independent Chair of Barnet Safeguarding Adults Board

Contents

1. Who we are

Barnet's Safeguarding Adults Board was established in July 2001. It is made up of senior officers from the different public services who work with vulnerable adults in Barnet. The Board has four main aims:-

- To promote the welfare of vulnerable adults and to develop good practice in health and social care services.
- To raise awareness of abuse wherever it should occur and encourage people to report it if it happens.
- To ensure that agencies will work effectively together to ensure abuse is investigated and that people are helped to keep safe.
- To learn lessons where people have not been adequately protected.

This year the Safeguarding Adults Board became statutory under the Care Act. This means that the Board must include all statutory partners, produce a strategic plan, and publish an annual report.

Since 2000 and the publication of "No Secrets" each local authority has been required to take a leading coordinating role with all relevant organisations on safeguarding adults in its area, the Care Act now places this in primary legislation for the first time from April 2015.

The Board meets four times a year and is chaired by an independent person, Chris Miller. The Safeguarding Adults Board has to report on its work to the Council via the Adults and Safeguarding Committee and the Health and Wellbeing Board. In addition each agency represented on the Board will present the report to their agency executive Board.

This report will also be given to the Safer Communities Board and to each care group partnership board such as the Learning Disabilities Partnership Board for information, as well as each partner's executive group. It will also be made available to the public on our website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adult Board membership includes people from:

- London Borough of Barnet
  (Adults and Communities, Children's Safeguarding, and Community Safety, DASS)
- NHS Barnet Clinical Commissioning Group
- Barnet, Haringey and Enfield Mental Health NHS Trust
- The Royal Free London NHS Foundation Trust
- Central London Community Health Care NHS Trust
- The Metropolitan Police
- The Care Quality Commission
- The Barnet Group
- The London Fire Brigade
- The London Ambulance Service
- Healthwatch Barnet
- Barnet Carers Network
- Voice Ability (Independent Mental Capacity Advocate Service)

1.1 Our priorities for 2014-16

The Safeguarding Adults Board has set the following four strategic priorities for 2014/16:

- Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure sores.
- Improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards
- Improve access to justice for vulnerable adults
- Increase the understanding among the public of what may constitute abuse.

Details of how we plan to deliver these priorities can be found in the SAB Business Plan for 2014/16.

"It's good to keep the Safeguarding Adults Board on its toes"

1.2 Safeguarding Adults Service User Forum

Our Safeguarding Adults Service User Forum ensures that the voice of service users remain central to our safeguarding work.

The forum meets quarterly, and is made up of representatives from the Barnet Seniors' Assembly, Barnet African Caribbean Association, Barnet Older Asian Association, Barnet Voice for Mental Health, Barnet People's Choice, and other interested older people and people with learning disabilities, physical disabilities and sensory impairments. Their mission statement is:

"Our mission is to play a significant part in the community by raising awareness amongst the public, and training those who live and work with vulnerable adults; to protect and help them, and establish good practice throughout our community."

Helping vulnerable adults is the central feature of Barnet's Safeguarding Adults Forum. Vulnerability takes many forms and can be experienced at any age, so the "safeguarding" policies and ideas have to develop in many ways. That's what our Barnet User's Forum aims to do.

- It means creating awareness about abuse of vulnerable adults
- It means creating methods of communication and information wider than among those directly affected
- It means helping to give confidence to vulnerable adults to deal, or be a crucial part in dealing with these problems
- It means helping them to become as much a part of mainstream life as possible
- It means helping to establish good practice amongst those who provide health and social care

"Professionals need more effective training"

"Being a caring person doesn't cost anything."

- It means seeking to work collaboratively with the various agencies and networks of our local community
- In total, it means working to create a better thought culture about dignity, equality and human rights.

"We don't let people get away with much."

Playing a significant part in this community endeavour is our aim and mission.

2. What we have achieved in 2014/15

We have achieved a lot in the last year and have split our achievements into the themes below.

2.1 The work of the Safeguarding Adults User Forum 14-15:

- We have received regular progress reports on the work of the SAB
- We have learnt about the Care Act and how this changes things for safeguarding adults
- We have learnt about the deprivation of liberty safeguards and how they protect the human rights of people in care homes and hospitals
- We have helped develop a fact sheet on the Mental Capacity Act
- We have helped the communications team plan their information campaign

- We have received presentations from the following agencies:-
  - Barnet, Enfield and Haringey Mental Health Trust
  - Central London Community Health
  - The Royal Free Hospital
  - The Police
- We learnt about how they safeguarding adults. We told them the areas where we think they are doing well and where they need to improve
- We met with Barnet Healthwatch and told them what we thought of Barnet services.
- We met the Chair of the Safeguarding Adults Board and asked him lots of questions about his priorities.

2.2 Supporting Family Carers

We welcome the new rights for carers following the introduction of the Care Act, which put carers in the same footing as the people they care for. Carers play an essential role in helping people to continue to remain living safely in the community.

Over the last year we have:

- Increased the number of carers assessments carried out as part of safeguarding investigations. Carrying out carers assessments enables us to appropriately identify the needs and outcomes of carers, and focus on promoting their own health and wellbeing and provide support where needed, separate to the person they are looking after

- Established a task and finish Carers Care Act Working Group to consider the changes arising from the Care Act and how to improve support for carers

- Reviewed and updated the 'Carers Support Offer', a document which sets out local support available to carers from universal services, community and voluntary sector and statutory services. A copy can be found online at www.barnet.gov.uk/carers

- Carried out training with staff from Family Services and Adults and Communities about the Care Act with specific regard to carers and young carers

- Carried out a learning event for staff about how we can support carers including young carers, as a result of the changes in the law

- Ran a publicity campaign in the autumn 2014 to reach family carers across the borough and help them to have a better understanding of what is abuse, and where to report it. Our partner organisations including Barnet Carers Centre have included information about this on their websites and distributed the "Say No to Abuse" booklets.

2.3 Safeguarding in health services

In the past year, all our local Health partners have been working hard to improve the quality and safety of local services. All our health providers have robust reporting frameworks with responsible senior officers who lead on safeguarding adults work. The Safeguarding Adults Board requires them to report regularly on the work they are doing to ensure their patients are safeguarded.

Here is a selection of the achievements and progress made by those involved in the delivery of health services in Barnet in the past year.

- NHS Barnet Clinical Commissioning Group (CCG) are responsible for ensuring that all Barnet health organisations have effective arrangements in place to safeguard adults at risk of abuse or neglect. The safeguarding team from the CCG provide safeguarding training for GPs, and support GPs with safeguarding referrals and referrals for cases of high risk domestic violence. All CCG staff must have training in safeguarding adults
- The CCG organised three patient and carer events focusing on Lasting Power of Attorney and Advance Decisions. Speakers included the Office of the Public Guardian and Compassion in Dying, and patients and carers were consulted on leaflets being developed to be available in GP surgeries, hospitals and walk in centres across the three boroughs
- The CCG is also working on a quality initiative with the community healthcare provider to identify risks, prevent pressure ulcers and manage the care of patients who develop them
- The CCG is represented on the Barnet Domestic Homicide Review Panels, and has worked with NHS England to implement recommendations for Primary Care Services
- Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) carried out an internal audit to ensure the London Safeguarding Adults Procedures were followed
- The Mental Health Trust has introduced a Safeguarding Surgery which is attended by clinicians from across the organisation. The surgery was developed in 2014 and has been well received and utilised by staff. The forum promotes patient-centred approach; Making Safeguarding Personal (MSP), collaborative working with our partners and bringing new legislation to staff awareness
- MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives. The Trust has seen increase in referrals for MARAC compared to the previous year. This has been due to an increase in domestic violence training through the monthly Safeguarding Surgeries
- Central London Community Health (CLCH) have worked to protect patients vulnerable to pressure ulcers by ensuring staff are trained in prevention and skilled in the assessment of these if they develop
- CLCH staff have increased the reporting of safeguarding concerns, in particular where the development of pressure ulcers are an indicator of neglect. They are monitoring trends and emerging patterns in this area

- The Royal Free London NHS Foundation Trust (RFH) has worked with the Board to ensure practice in relation to the application of the Mental Capacity Act (MCA) and DoLS is improved across the organisation. All staff now receive mandatory training in MCA and DoLS. The lead nurse safeguarding adults for the Barnet and Chase Farm Hospitals is part of the NHS England MCA forum
- The RFH has strengthened their safeguarding team by appointing a Head of Safeguarding and a lead nurse for safeguarding adults based at Barnet and Chase Farm Hospitals
- RFH has also appointed full time Acute Liaison Nurse to ensure that adults with learning disabilities requiring hospital treatment are giving the additional support they need prior to admission and during their stay
- All the health care organisations have delivered a range of training throughout the year for their staff. Training includes safeguarding awareness, Mental Capacity Act and DoLS, responsibilities under the Care Act and domestic abuse
- Safeguarding Champions have been recruited at both CLCH and BEH-MHT in different areas to support staff. Issues where processes are not understood or where there are performance issues these are brought to the attention of the champions and staff are supported to address issues/concerns.

2.4 Training for social workers and partners

The Safeguarding Adults Training Programme for 2014-15 was delivered to Barnet Council staff including Adult Social Care, CLCH, and Barnet, Enfield and Haringey Mental Health Trust and private, voluntary and independent sector organisations. The core training included awareness sessions, policy & procedure training and Safeguarding Adults Investigations.

A total of 515 staff members across health and social care services attended these sessions

Safeguarding Adults Raising awareness	29 LBB staff, 177 external staff
Safeguarding Adults Policy & Procedures	40 LBB staff, 41 external staff
Safeguarding Adults Investigations	25 LBB staff
Financial Abuse	18 LBB staff, 10 external staff
Safeguarding Adults Recording	21 LBB staff
Mental Capacity Act & Deprivation of Liberty's Safeguards	73 LBB staff
Mental Capacity Act	81 LBB staff

In addition to delivering the sessions above, an e-learning Safeguarding Level 1 Programme was introduced to all care providers in Barnet to raise awareness and promote good practice.

In 2015-16 we plan to deliver 'Prevent' training to all staff in Adults and Communities. Prevent is part of the Government counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.

These sessions will aim to help make staff aware about their contribution in preventing vulnerable people being exploited for terrorist purposes. The workshop will improve the understanding of the processes used by terrorists to radicalise individuals and ensures staff are aware of who to contact within their organisation to discuss any concerns.

2.5 Safeguarding Month

Every November the Safeguarding Adults and Children's Boards and Community Safety Partnership come together to plan a number of events to raise awareness of safeguarding issues. Events in 2014 included:

- Safeguarding Awareness Express Training
- Mental Capacity Act
- Domestic Violence
- Workshop for family carers

The month was a success with good attendance at training sessions by staff across the Council.

2.6 The Mental Capacity Act and the Deprivation of Liberty Safeguards

The Mental Capacity Act is a law about making decisions and what to do when people cannot make some decisions for themselves. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005.

The Deprivation of Liberty Safeguards provide protection for vulnerable people who are accommodated in hospitals or care homes who cannot make their own decision about the care or treatment they need, and who are unable to leave because of concerns about their safety. This might be due to a dementia or learning disability for example.

The Deprivation of Liberty Safeguards (DoLS) aims to protect such people so that any decisions made about their care and treatment, are made in their best interests. The care home or hospital must notify the local authority when these circumstances exist. The local authority then must make sure that this is the correct way of caring for the person, by talking to the person and everyone involved including family members. If this is agreed then the local authority authorises the arrangements and this can be for a period of up to twelve months. This is known as an authorised deprivation of liberty.

When this was first introduced the local authority received a small number of applications. However in March 2014 there was a change in the law following a judgement of the Supreme Court. This broadened the number of people affected to include anyone who cannot make their own decision about care and who is under continuous supervision and control and not free to leave. This has led to a very large increase in applications, which can be seen in the table below.

	2012-13	2013-14	2014-15
Number of requests for authorisation	30	55	640
Number of authorisations granted	19	27	517
Number with conditions	12	18	206
Number of authorisations which did not qualify	10	19	65
Number of authorisation requests withdrawn	1	9	58

Number of requests for authorisation – the number of requests the local authority received from care homes and hospitals

Number of authorisations granted – the number of requests which were assessed and authorised as in the persons best interest

Number with conditions – the number we have granted under certain conditions i.e. the home must ensure that the person has regular leisure activities.

Number of authorisations which did not qualify – the application could not be authorised because following assessment one of the six qualifying requirements was not met. e.g. the person was found to have capacity to make their decisions, or the person was found not to be eligible because they are either are or could be subject to the Mental Health Act detention

Number of authorisation requests withdrawn - the care home or hospital withdrew their requests because there was a change in circumstances such as the person had left the accommodation or they had died. Or it has been found that the application should have been sent to another local authority.

In addition to the 640 applications there were 13 reviews completed. The increase shown in the table above is set to continue through 2015-16 as more care homes and hospitals understand their responsibilities.

Below is a case study of a referral to the DoLS Team:

Two years ago Mrs Cohen was diagnosed with dementia. Overtime her mental health deteriorated and her family struggled to support her at home. Due to her dementia she became frequently restless, repetitive in her communications and disorientated in time and place. Consequently, Mrs Cohen needed a spell in hospital, but was later discharged to a care home to provide the care and treatment she needed.

Once there, she was very resistive to care on a daily basis, becoming extremely distressed when approached, and requiring two members of staff to help her. Mrs Cohen also required close and on-going supervision due to her tendency to harm her-self. Doctors prescribed medication was twice a day to try and help manage the behaviours associated with her mental health.

During the day Mrs Cohen was predominantly nursed on her bed and appeared distressed on numerous occasions throughout the day and night. She frequently moved herself by rolling and fidgeting, resulting in her falling from the bed. As a result of this, her bed was surrounded by mattresses and crash mats to help protect her but she still sustained regular minor injuries. Staff monitored and observed her every hour. They reported that it was not possible to help her to leave her room when she was agitated and as a result she spent most of the time in her bedroom. Various professionals had been involved in her care and treatment but with no clear plan about how to improve the situation.

The home made a referral to the Deprivation of Liberty Safeguards (DoLS) team, who appointed a professional specially trained to assess these situations called a Best Interest Assessor (BIA). The BIA concluded that Mrs Cohen was deprived of her liberty, and that residing in a care home to receive care and treatment was however in her best interests. The application for DoLS was granted however the BIA made some conditions as part of the authorisation. He felt there needed to be more done to enhance Mrs Cohen's quality of life, with a particular focus on those elements of the care plan that could be reviewed with a view to lessening the restrictions and enhancing her quality of life, and these were included as recommendations for the care home to action.

2.7 Letting people know what safeguarding is

Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. In 2014 - 15:

- We attended a number of events throughout the year and issued copies of the" Say No to Abuse" booklet to different service user groups. Events included Barnet Seniors' Assembly in October, Provider Event, Falls Awareness and Dementia Awareness Days.
- We created a simple double-sided 'Say No to Abuse' flyer and posters for dissemination in public places with the help of the Safeguarding Adults Forum.

- On 25 September 2014, we took part in a borough wide community engagement event and supported the Metropolitan Police and other key partners in promoting an anti-burglary campaign. The aim was to have 100,000 conversations with residents who might not otherwise come into contact with the police.

  Activities took place in 21 of the borough's wards with police officers, special constables, community support officers, cadets and other organisations visiting shopping centres, schools, transport hubs, hospitals and town centres.

- As part of the anti-burglary campaign, we distributed 10,000 flyers to residents in Barnet promoting the '5000' telephone number for reporting abuse in Barnet.

- We made sure that all publications include safeguarding information and promoted the work of the Safeguarding Adults Board, such as the Barnet First magazine and Local Account of Adult Social Care, which was published in April 2015.

- We promoted the free fire safety visits by the London Fire Brigade for vulnerable people via social media, newsletters, the Council's website and Partnership Boards.

2.8 Improving fire safety

The London Fire Brigade (LFB) carried out **2490** free home fire safety visits to Barnet residents in 2014-15. 85% of these visits were high priority situations or people at risk due their vulnerability.

LFB were also able to reduce the number of dwelling fires to **216** in a year, this is a reduction on 232 last year.

The LFB played an active role in Project Mercury. A Police led initiative where all partners work together to raise awareness of the risks of burglary and how to prevent it.

2.10 Community Safety

The Barnet Safer Communities Partnership (BSCP) brings together the key agencies involved in crime prevention and community safety work. Barnet is one of London's safest boroughs in which to live and work. Since 2005 overall crime in the borough has fallen by over 20%; over the last year there have been further reductions in the number of burglaries and robberies.

The Partnership has been working to reduce the risk of residents becoming victims of burglary – including through providing crime prevention guidance together with Barnet Police and supporting the 'Clocks, Locks and Lights' anti-burglary campaign. The Safer Homes Safer Homes Project continues to reduce the risk of individuals becoming repeat victims of burglary through home visits which assess the safety of their home and by providing them with free locks and security measures. The last 12 months have seen a further 2.5% reduction in Burglary compared to a year ago – building on the over 20% reduction achieved since 2011.

We have introduced the Community Safety Multi Agency Risk Assessment Conference (Community Safety MARAC) - an anti-social behaviour focused multi-agency risk assessment case conference which is focused on providing a victim centred approach to victims of anti-social behaviour. The group has already helped to stop anti-social behaviour in a number of persistent and complex cases.

Barnet Safer Communities Partnership will continue to work together to reduce crime, the fear of crime and help ensure Barnet remains one of London's safest boroughs.

Learning from a Domestic Homicide Review (DHR)

Tragically, people sometimes die as a result of domestic abuse. When this happens, the law says that professionals involved in the case must conduct a multi-agency review of what happened so that we can identify what needs to be changed to reduce the risk of it happening again in the future.

If a Domestic Homicide takes place in Barnet the police inform the Safer Communities Partnership of the incident. After this initial notification, a decision will be made about whether we need to have a Domestic Homicide Review using the Home Office guidance. The Safer Communities Partnership then has the overall responsibility for setting up a review.

Domestic homicide reviews are not inquiries into how the victim died or into who is responsible. The purpose of a domestic homicide review (DHR) is to understand where there are lessons learned and make recommendations to prevent future homicides.

The report from the review can be read on our website.

2.11 Safeguarding in the Police

The Police have introduced and are using Domestic Violence Protection Orders (DVPOs) to protect victims following a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

They have also identified two new trends for domestic abuse and officers have been briefed on the risks of abuse and encouraged officers to raise alerts and put these through the Multi-Agency Safeguarding Hub (MASH) for investigation.

The Police have recently introduced Adult Vulnerability Assessments where an adult is at risk from abuse. These assessments are carried out by police officers and then sent to the Multi-Agency Safeguarding Hub (MASH), where concerns around the quality of life of the adult at risk is reviewed and assessed to protect the adult.

A project with Edgware Community Hospital has also been set up to enable patients to report crimes of abuse to officers and improve access to justice.

The Police have also undertaken a series of training for all officers around improving their knowledge on the Mental Capacity Act and working with the public to increase awareness of abuse and reporting abuse.

2.12 The Integrated Quality in Care Homes Team (IQICH)

Within Barnet there are 101 registered care homes that provide care for older people and younger people with disabilities. Additionally, there are 31 registered supported living providers in the Borough.

The role of the IQICH Team is to support care home managers and supported Living scheme managers to improve the quality of care they provide. The Team's focus is on promoting the principles of integrated working, prevention and the sharing of best practice.

An on-going relationship with providers is managed through the work of the Team's Contract Monitoring Officers and the Reviewing Officers who regularly visit these services.

The Team also consists of Quality in Care Advisors who work with homes to support best practice. Work with individual homes may result from a referral, a poor inspection report or a request for support from the care home manager. Where there are safeguarding concerns about the quality of care being provided in a home, the IQICH team is part of Barnet's response to improving services.

Below is a case study of where the IQICH team worked with a care home following the new responsibilities under the Care Act.

The Care Act has given new responsibilities to Local Authorities in relation to the quality of care provided by all services registered within the area. An example of this is the recent work of the Advisors with a home that was closing. Barnet did not have a contract with this provider and so none of the residents were funded by the Borough. However, the Team worked closely with the staff, residents, relatives and other Local Authorities to ensure the welfare of all concerned and the safe transfer of the residents to other appropriate locations.

Best Practice continues to be shared through quarterly Practice Forums, workshops, network groups and training sessions. Areas covered to date include: working with relatives; the Mental Capacity Act, the CQC inspections process, working in partnership with the CCG, pressure ulcer prevention and care, End of Life Care and meaningful activities.

3. Who lives in Barnet?

Barnet has an estimated population of 280,905 adults, with 51,576 over the age of 65. By 2020, the number of adults over the aged of 65 is projected to be 55,918 (an 8% increase).

Barnet has a diverse population, from both a cultural and economic perspective. Black, Asian and minority ethnic groups' account for over a third of residents and the area encompasses a wide variety of faith communities including a high proportion of people from Christian, Jewish and Muslim faiths.

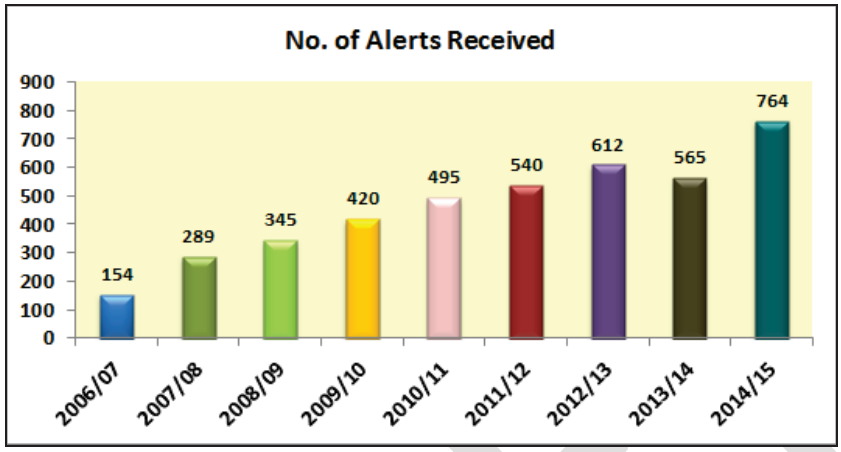
During 2014/15, approximately 13,000 Barnet residents were in receipt of Disability Living Allowance or the new Personal Independence Payment (PIP) and Adult Social Services provided support packages to 7,190 individuals.

Our safeguarding services are available for all vulnerable adults where abuse is suspected or reported.

4. What do the statistics tell us about safeguarding in Barnet?

4.1 How many safeguarding alerts did we receive?

This year we have seen a considerable increase in the number of safeguarding alerts. During 2014/15 we received a total of 764 alerts, representing a 35% increase on the previous year.



Raising public awareness of what abuse is and how to report it remains a high priority for the Safeguarding Adults Board. During 2014/15, the safeguarding team attended a variety of events raising awareness of the local 'Say No to abuse' campaign; publications, such as the Local Account and Barnet First magazine were also used to promote the work of the Safeguarding Adults Board.

Since 2013/14, the number of alerts raised by the public has increased by 28% (from 85 to 109); and these continue to represent around 14% of all alerts received. In future years, as greater emphasis is placed on community based care, we would expect to see an increase in the proportion of alerts received from the public.

4.2 How many alerts required further investigation?

Not all alerts turn out to be abusive situations; they can indicate a need for services or other help. Where it is believed abuse has taken place, alerts are referred for further investigation under our safeguarding procedures.

Of the 764 alerts received, 487 were referred for further investigation. This is a 20% increase in numbers on the previous year; however, for every 10 alerts received in 2014/15, 6 were referred for investigation, compared with 7 the previous year.

The number of alerts has increased substantially as has the number investigated however the percentage of alerts investigated has gone down in comparison to last year. This is likely to mean that many more people are aware of abuse and where to report it.

4.3 Types of abuse and those involved

The table below shows the breakdown of all our safeguarding alerts by the adult at risk's primary need. As in previous years, most alerts we receive concern the abuse of older people.

Primary Client Group	2012/13	2013/14	2014/15
Older People	63%	56%	54%
Learning Disability	12%	20%	20%
Mental Health	16%	15%	17%
Physical Disability & Sensory	8%	9%	9%

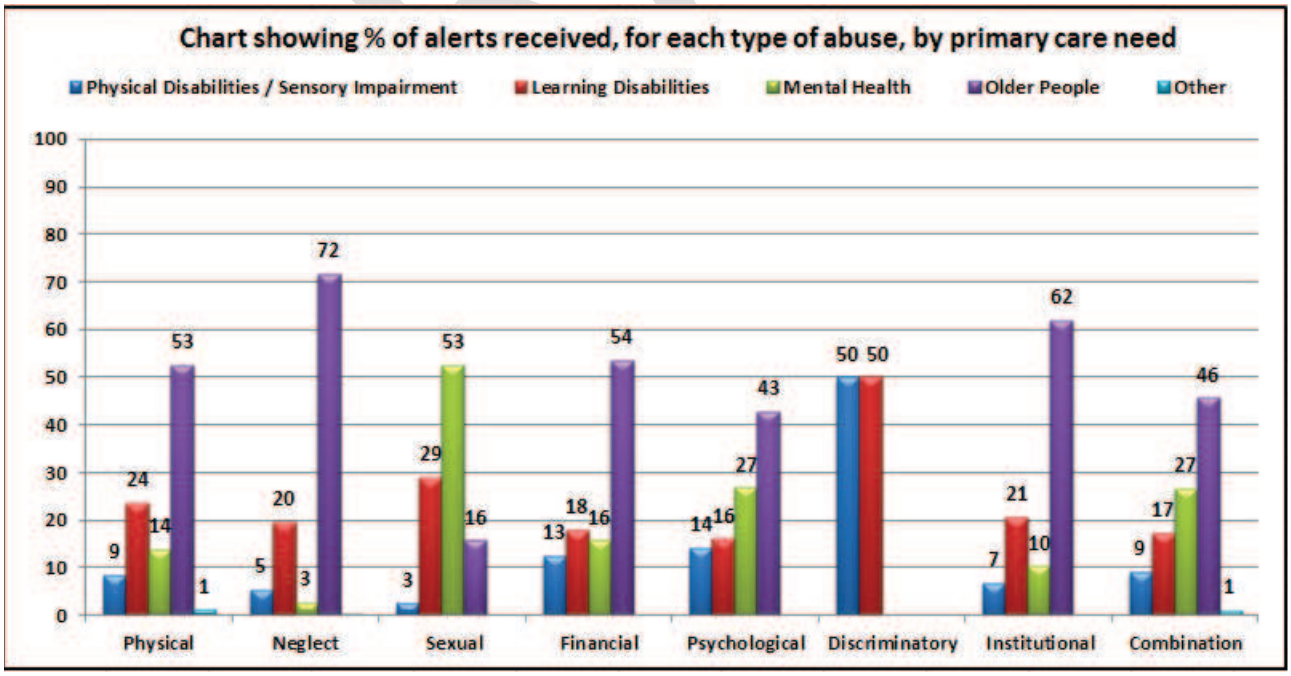
38 % of the older people referred have dementia. Whilst this remains in line with the previous year, the proportion of referrals substantiated or partially substantiated has increased by 7%.

The most common alerts concern the alleged neglect of older people, with 54% of alerts relating to older people and of these alerts, 38% involved alleged neglect.

Neglect, along with physical abuse, was also a common concern relating to those adults with learning disabilities. For those with physical disabilities or mental health needs; alerts most frequently involved a combination of abuse types.

This year, there were 4 allegations of disability hate crime reported to the police, all of which were investigated.

The graph below shows the type of abuse reported for each client group. This includes situations where the adult has experienced more than one type of abuse.



4.4 Pressure Ulcers

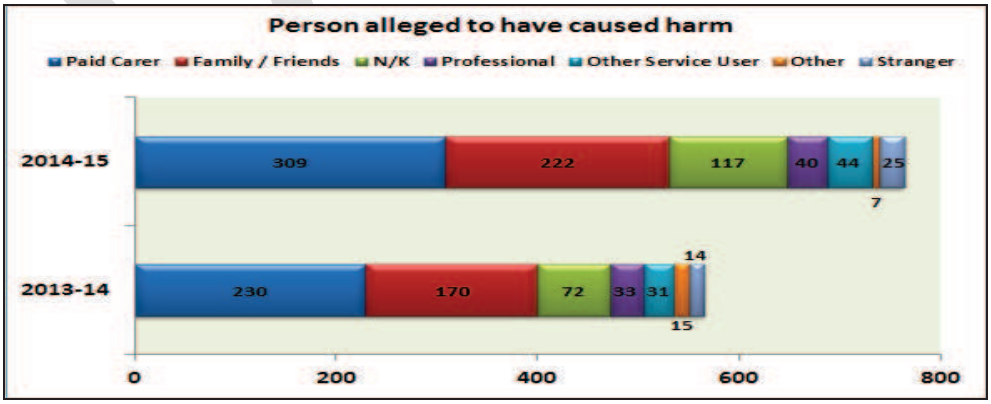
Of the total number of alerts 137 described a situation where the adult had developed a pressure ulcer. This is a 37% increase in the number reported last year. 61 of these were investigated under safeguarding adult's procedures as a sign of neglect. This compares to 56 last year.

At the point of publication, investigations into 56 of the 61 referrals involving pressure ulcers had been completed the following table shows the outcomes.

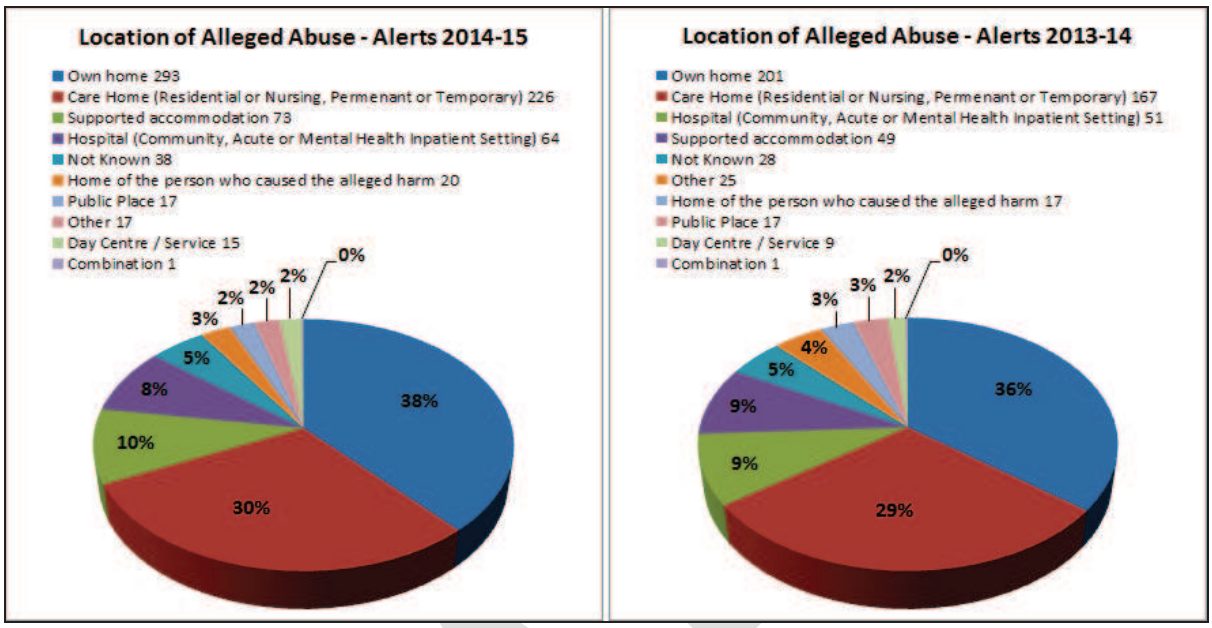
Safeguarding outcomes for referrals related to Pressure Ulcers		
Case Conclusion	**2013-14**	**2014-15**
Abuse substantiated	11	11
Abuse not substantiated	30	25
Abuse partly substantiated	4	6
Not determined / inconclusive	8	13
Investigation ceased on individuals request	0	1
In 2013-14 'investigation ceased on in the individuals request' wasn't recorded		

4.5 The person who caused the harm

2014/5 saw similar patterns to previous years when identifying the person who caused the harm. Paid carer workers were the largest group reported (40%), followed by family /friends (29%). The chart below shows the total number of alerts and who the person was that caused the harm. A similar composition was seen across those alerts referred for investigation.



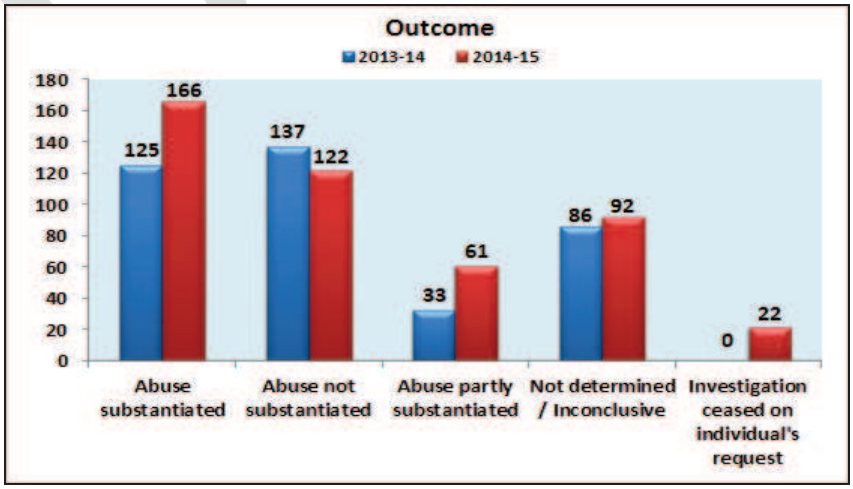
As a proportion of all alerts received, the most common location for alleged abuse/neglect was in people's own homes.



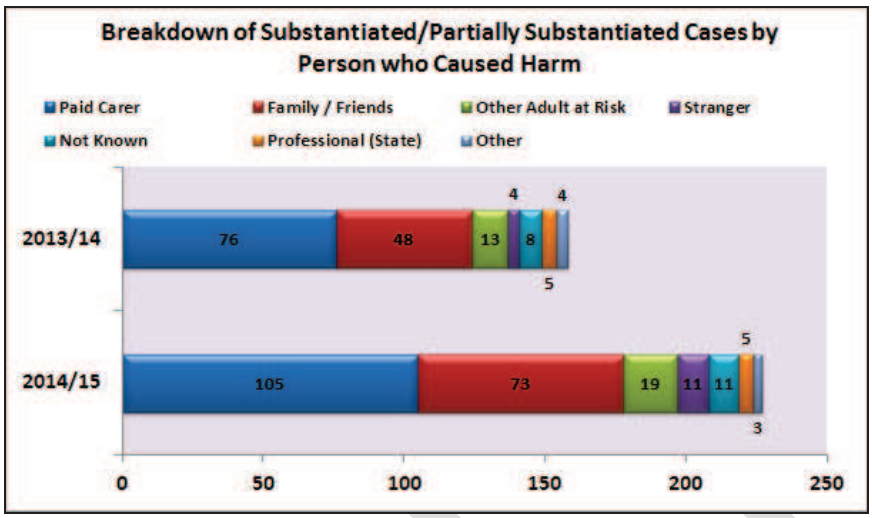
4.6 Outcomes of investigations

For every case investigated, we decide if the abuse happened (substantiated), part happened (partly substantiated), did not happen (not substantiated). In some cases it is not possible to establish what has occurred leading to an outcome of not determined.

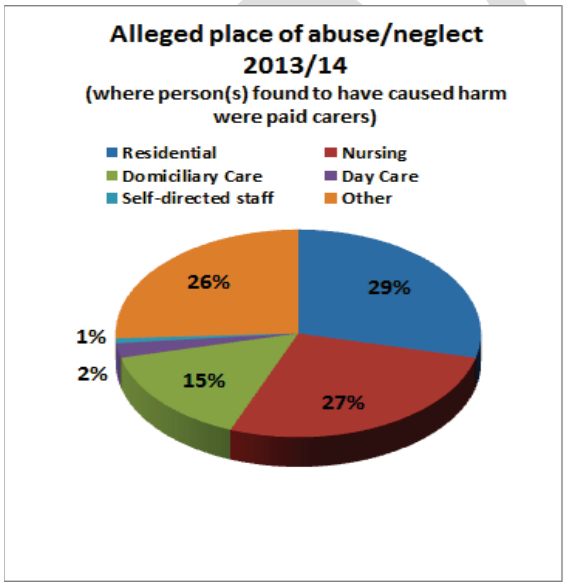
463 cases have now been completed and an outcome determined. Of these completed investigations, 49% were fully or partially substantiated (a 7% increase on 2013/14). Therefor whilst there is a slightly smaller proportion of alerts investigated, a greater percentage of these are substantiated or partly substantiated.

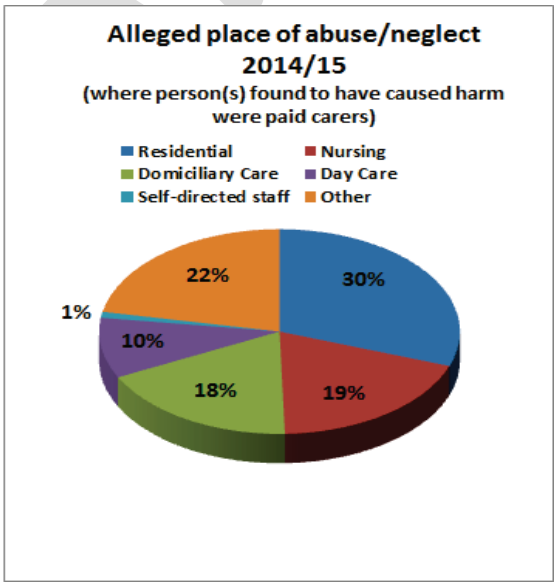


The following chart shows cases of substantiated/partially substantiated abuse/neglect, broken down by the person(s) who caused the harm.



46% of fully or partially substantiated abuse involved paid care staff. Whilst the majority of these paid carers were employed in a residential or nursing care setting, this year has seen an increase in community based settings, including day care services.

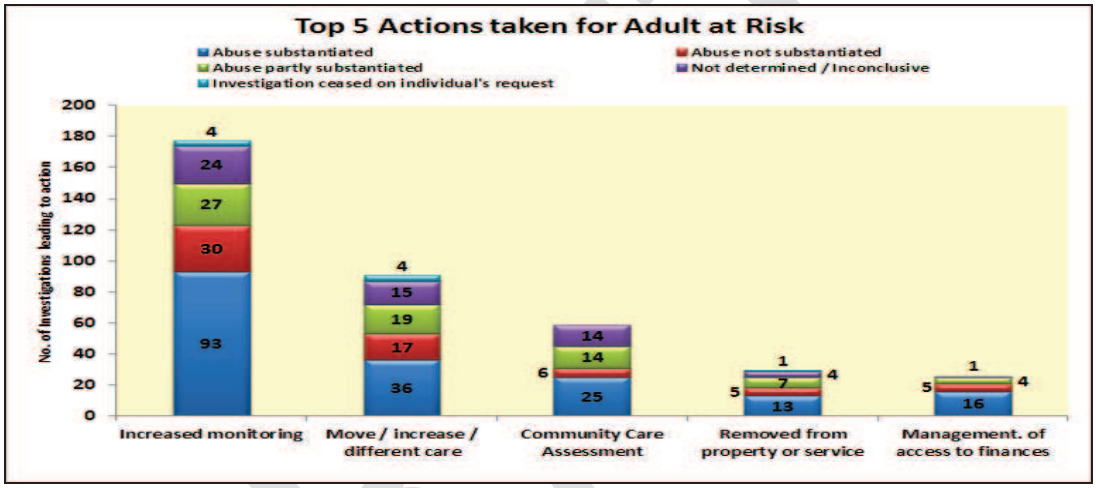


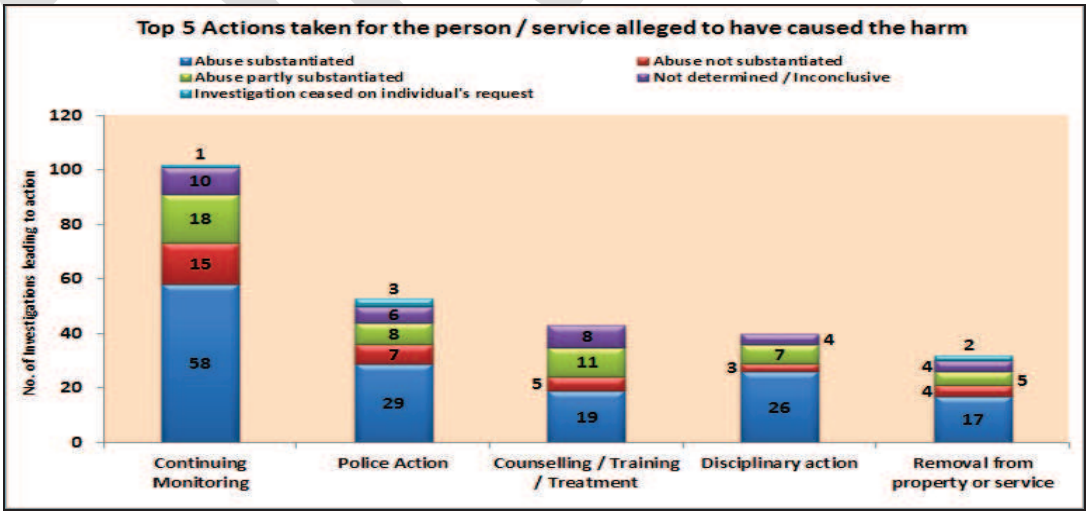


Action Taken

In all safeguarding investigations we try to help the adult at risk stay safe from harm. In most cases to ensure this happens, we increase monitoring of the adult at risk and change the frequency, type or location of their care. We also take action against the person who caused the harm. This might include removal from a service, further training or disciplinary action if they were a paid carer.

The following charts provide a breakdown of the 5 most common actions taken during 2014/15, for both the adult at risk and the person alleged to have caused harm. Figures are broken down by investigation outcomes.





In 2014/15, action was taken by CQC in 17 cases and 14 Criminal Prosecutions / Formal Cautions were made (8 more than in 2013/14).

5. Safeguarding Stories

Below are three real stories about Barnet residents who use services. We have changed all the details that might identify these people, but the stories are true.

Story 1:

Mr Farrow is an 80 year old gentleman who was referred to social services by a housing officer as he was in rent arrears. The housing officer reported his suspicion that Mr Farrow was giving his daughter money to pay his rent but she was spending it on alcohol. Mr Farrow lived with his daughter and when the housing officer rang Mr Farrow she tried to prevent him from speaking to her father and was heard being verbally abusive to her father.

A social worker met with Mr Farrow, It became apparent that he was behind with his payments on most of his utilities due to his daughter's theft of his money. He declined police involvement but agreed to be referred to an outreach worker who helped him to manage his finances, ensuring the rent was paid by direct debit and that his debts to various agencies were managed. He was also supported to apply through the Office of the Public Guardian for Power of Attorney and his son managed his finances on his behalf. He also expressed his wish for his daughter to move out of his house and was supported to ask her to leave.

With his consent, the social worker arranged for him to attend a day centre twice a week which helped him make contact with other people of a similar age. At the review he reported feeling much happier knowing that his rent was being paid and that his tenancy was no longer at risk due to rent arrears. He also knew his finances were being managed on his behalf. Through the day centre he also knew that he could seek support from the staff if he needed help at home.

Story 2:

Ms Hanif is an older lady who lives in a care home. The manager of the home was informed by a senior member of staff that Ms Hanif had been given another resident's medication by mistake. The home sought medical attention for Ms Hanif immediately to ensure she was ok, and the incident was also reported to the Care Quality Commission. This matter was also reported to social services who requested that the manager of the home carry out an investigation of the incident. Two staff members were suspended from duty whilst the investigation took place. The investigation revealed that staff members who administered medication were often distracted by residents. As a result, the home's medication procedures were reviewed and a number of additional measures were put in place to improve the safety of residents in the home. This included the medication cabinet repositioned away from the immediate dining area, and medication being administered by two members of staff rather than one. The manager of the home also agreed to regularly review medication procedures to prevent mistakes being made in the future.

Story 3:

Mr Jones was a resident of a care home. He was diagnosis with dementia and was unable to understand his care needs or communicate them with staff. His family noticed bruising on his upper arms which were reported to social services. An investigation took place in the home which showed that night staff and day staff adopted different practices when assisting Mr J to stand up and the bruises seemed to be the result of inappropriate manual handling techniques by night staff. An occupational therapist assessed Mr Jones transfers and worked with the staff to teach them the correct and safe ways to assist him. This was recorded clearly in Mr Jones support plan which all staff referred to when working with him. The occupational therapist also identified that Mr Jones use of a recliner chair that his family had bought him was putting him at risk of falls and was at risk of tipping over and causing additional injuries. The chair was then replaced by a more suitable one.

6. Useful contacts

Questions about this report

If you have any questions about this report, please contact Sue Smith, Barnet Head of Safeguarding Adults.

Tel: 020 8359 6015

Email: sue.smith@barnet.gov.uk

Safeguarding training

If you would like to access safeguarding training for organisations in Barnet, please contact the Barnet Adults and Communities Workforce Development Team.

Tel: 020 8359 6398

Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000

Email: socialcaredirect@barnet.gov.uk

Safeguarding Adults Board Business Plan 2014-16

	Objectives		Performance Outcome	Lead	Time scales	Actions	Progress	BRAG
1	Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure ulcers	1.1a	To establish a 'base-line' of avoidable incidents of pressure ulcers	BJ	June 14	Analysis of Pressure Ulcer Report presented to the SAB in March 2014 in order to understand the current demographics and prevalence of pressure ulcers within The London Borough of Barnet.		
		1.1b		KB/JP	June 14	Data collected by CLCH of Grade II, III and IV pressure ulcers and where they developed to be forward to CCG for analysis.		
		1.1c		JP	June 14	Analysis of co-morbidities' data collected.		
		1.1d		JP	Dec 14	Review in relation to CCG risk stratification tool to identify vulnerable patients as part of the integrated care initiative at the CCG.		
		1.1e		JP	Sept 15	Investigate methods used in other CCGs and joint working to undertake this.	Joint working with all providers held meeting 4/2/15; CQUINS contracting process; looking at integration within Barnet and an inherent part of contract negotiations with partners	
		1.2a	Improve safety and quality of life by improving pressure ulcer prevention and management across health and social care providers	JP	Sept 15	Implement agreed protocols across all providers.	They have agreed in principle to implement CLCH & Royal Free. JP to check where they are with implementation.	
		1.2b		All Health	May 15	The Board should receive assurance that all Health Trust are following the 'Stop the pressure' steps guidance.	Questionnaire sent to all Health Trusts assurance received from CLCH, Royal Free and BEHMHT.	
		1.2c		IQICH	May 15	Consider how training can be made available to residential care homes.	Awareness of PU prevention & Management workshop carried out 19th March 14'. Plans for a workshop in November 15 on safeguarding & PU identification & awareness	

		1.3a	Where avoidable pressure ulcers are identified as a possible sign of neglect, these are investigated and protection plans are implemented	JP	Sept 15	Develop a shared investigation protocol which includes clinical expertise and Implement.	The serious incident policy is being reissued 27th March; we need to do it in light of the change of policy.	
		1.4a	The board is assured in regards to dignity safety and safeguarding, in the NHS, and that the implications arising from the Francis and Saville Reports etc. are being appropriately addressed.	All Health	May 15	The Health Providers should report to the board in relation to staffing and how they are addressing complaints and whistleblowing incidents.	Questionnaire sent to all Health Trusts assurance received from CLCH, Royal Free and BEHMHT	
		1.4b		All Health	May 15	The Board should be assured by each Health Provider organisation in relation to training awareness and good practice guidance for staff in relation to pressure ulcers and other common issues related to neglect e.g. dehydration.	Questionnaire sent to all Health Trusts assurance received from CLCH, Royal Free and BEHMHT.	
		1.4c		VS	May15	Health providers to provide assurance to the Safeguarding Adults User Forum on this objective.	BEHMHT presented 9.14, CLCH 3.15 RFH 6.15?	
		1.4d		All Health	May 15	Explore how the Safeguarding Adults Board can get assurance from the Quality & Risk Committee about the performance of Health providers.	Report update received.	
		1.4e		All Board	Sept. 15	Board members to engage with the CCG and participate in Ward walks.	Proposal needed from the CCG to show how this will occur. Also consider how SASUF members can take part.	

		1.5a	Improve the communication between hospitals and care homes to ensure the needs of vulnerable patients are identified and met.	IQICH	Dec 15	Set up a short term working group of Barnet Safeguarding Board Members to establish a "message in a bottle" or Patient Passport' making use of evidence from existing sites e.g. Leicestershire.	Task/Finish Group required	
2	Improve access to justice for vulnerable adults	2.1a	Ensure adults at risk know how to report a crime and have confidence that they can access the criminal justice system.	All board members	Feb 16	The board should receive assurance from all partner organisations that individuals in their care can access information and advice on reporting a crime.	Questionnaire	
		2.1b		Police	Feb 16	Police to review operation of third party reporting sites and provide support to those require assistance.	SAB received a report at the Feb 15 SAB. There has been an initial review of third party reporting sites, and this has indicated that a full review and refresh is needed as many of the sites are no longer in operation and others require training. Police, Community Safety and Mencap to form initial task and finish group	
		2.1c		All Board Members	Feb 16	The board should receive assurance from all partner organisations that all workers across the partnership are empowered to access the criminal justice system, ensuring referrals are timely and forensic evidence preserved.	Report Requested	
		2.1d		Police	Sept 15	Explore the potential to develop a response protocol, including the use of restorative justice mechanisms as an alternative to court proceedings.	CM has spoken to Sam Faulkner DCI for safeguarding, Sean Donovan to present a paper on restorative justice on behalf of the police.	
		2.2a	Agree an approach for the use of IT systems (CCTV) as a prevention measure	CM	July 14	A discussion paper to be presented to the Safeguarding Adults Board on 30st July to elicit views, and determine direction and future actions.		

		to increase standards of wellbeing and quality provision of care as a pilot project in care homes with liaison with CQC.					
	2.3a	Audit of Merlin alerts to ensure there is an effective information sharing and response through the safeguarding system.	Police, CMT, SS	Oct 14	Audit Report to Safeguarding Adults Board in October 2014.		
				Dec.15	Set up project group to deliver outcome as identified in the audit report	Merlin Pathway group continue to meet monthly. Progress made regarding access and risk. Further work regarding MH pathway and minimising handoffs to be addressed.	
	2.4a	Measure any increase in reporting and repeat referrals with detection rates and positive outcomes where there are no criminal charges made.	Police	Dec.15	The police to report to the safeguarding board the number of reports, repeat referrals, investigations and prosecutions of rogue trading, disability hate crime and distraction burglary and section 44 offences involving 'vulnerable adults'.	Initial report received July 2014; Follow report in December 2015.	
	2.4b	Improve understanding of offences against vulnerable adults in particular section 44.	Police	Sept. 15	Police to provide assurance to multi-agency workforce development in this area.	Request for September board	
	2.4c		Learning & Development Group	Feb.16	To review safeguarding investigations training to ensure that this is multi agency and addresses the needs of the adult at risk through a multi-agency approach. i.e. ABE training and access to intermediaries.	Work in progress. Update requested from JH	

		2.4d		KV	Feb 16	Renew links with trading standards and environmental health on broader aspects of safeguarding adults such as rogue traders.	KV gave a verbal report to the board 5.2.15 Agreed PL to work with KV to develop a communication plan around this; also speak to trading standards to scope out the requirements.	
		2.4e		CST / CS strategy	Sept 15	Further work on recognition and reporting of disability hate crime.		
3	Increase understanding of what may constitute as abuse	3.1a	To increase the number of alerts from members of the public to Social Care Direct.	NS	Dec 14	See Communications Plan 2014/15 for full details.		
		3.1b		NS	April 15	Provide appropriate messaging for Barnet Borough Watch Alert comms for 800 Neighbourhood Watch coordinators to disseminate.	Plan delivered message gone out. NS to produce a short report (1 Page) what was done and the reflections on work carried out and what can be improved for the future.	
		3.2a	To increase the level of awareness of the different forms of abuse and where to report abuse amongst vulnerable elderly people through targeted distribution of safeguarding materials.	NS	Dec 14	Increase availability of Say No to Abuse (SNTA) safeguarding booklet via more community channels (e.g. service providers, Barnet CCG)	Messages sent & on going	
		3.2b		NS	Dec 14	Produce and distribute new SNTA A5 flyer and A4/A3 poster to more channels for public display		
		3.2c		NS	Dec 15	Collate and share case studies for service provider newsletters and Barnet First magazine (door drop to 35,000 households)		

		3.2d		NS	Dec 14	Increase outreach to elderly people, e.g. via issuing flyers with home meals service, leaflets at Dementia Cafes, Neighbourhood Services.		
		3.3a	To increase availability and accessibility of information and advice about adult safeguarding and reporting through outreach.	NS	Dec 2014	Seek more opportunities for face to face outreach to the public via community engagement activity such as participation in mass community engagements organised by the police and other community events.		
		3.4a	To provide appropriate feedback to alerters.	All Board / NS	Sept 2015	Communications Team to provide a letter which can be used to advise a person who raised an alert that action has being taken.		
		3.5a	To increase traffic to safeguarding and SAB information on Barnet Online.	NS	May 15	Refresh and brand safeguarding content on Barnet Online; request link to this content from all service provider websites.		
		3.5b			Nov 14	Produce and promote SAB annual report 2013-14, with key messaging Engage staff in safeguarding work – via BAU and Safeguarding Month.		
4	Improve the understanding of service providers of the Mental Capacity Act and Deprivation of Liberty Safeguards	4.1a	Health and Social Care Staff have access to information, training and support to forward their knowledge and practice of the Mental Capacity Act in their work.	NS	Oct 14	Review and publicise materials available to health and social care staff, and family carers to raise awareness and aid implementation of the MCA across all agencies.		
		4.1b		Training Group	May 15	Develop our learning and development strategy for the workforce on MCA & DoLS, including, formal training, practice forums, supervision.	JH/JD to present 2 page paper regarding the progress plan for the rest of the year at May 15 SAB	
		4.1c		SS	Oct 14	Develop a MCA assessment tool for social care providers to promote best practice in the implementation of the MCA.	conference held Sept on-going training for providers on DoLs	

		4.1d		SS	Oct 14	Plan and deliver a day conference for health and social care providers on MCA and DoLS with the aim of giving information about recent changes following the supreme court judgement, and launching the assessment tool.		
		4.2a	For community nursing staff to have an understanding of the MCA in their work with patients who refuse to comply with the care that they are offered.	CLCH	May 15	Refresh the NHS learning and development approach for Health staff so they are aware of their responsibilities under MCA in these practice situations. This must include assessment, record keeping in both MCA and Risk Assessment pathway.	Kate Aston to present a paper on CLCH work on good practice in working with patients who refuse care.	
		4.3b	The Safeguarding Adults Board receives assurance that partner agencies are compliant with the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLs).	**CD** & HW	Oct 14	Develop an MCA & DoLS audit tool, which can be used by partners to review their compliance with the legislation.	Completed for Health Providers. Findings to May 15 SAB	
		4.3c		Health & Social Care	Sept 15	Consider how MCA & DoLS can be built into existing partner case file auditing systems.	As partners of our business plan we agreed, supply evidence of how. Request by email case file audits templates.	
		4.3d		All Board	May 15	Each partner organisations to review compliance with MCA and DoLs and report progress to the Safeguarding Adults Board	Report request for Feb 15 SAB CCG is waiting for administrative clearance before this can be shared.	
		4.3e		AS	Dec 14	The Board to receive and act on reports on the use of IMCA activity.	The Board has received reports on IMCA activity.	

		4.3f		MCA Task / Finish	Nov 15	Plan and deliver an MCA Challenge Day for social care and health providers where they can receive information and get feedback on their MCA compliance.		
5	To ensure that the Voice of the adult at risk stay central to our partnership work.	5.1a	Adopt the making safeguarding personal framework.	CM	Oct 14	To agree a SAB policy statement on the voice of the adult at risk and the outcomes they seek as the primary driver of our approach to safeguarding.		
		5.1b		LD Group	Sept.15	Refresh the training programme, and recording templates in line with this policy statement.	Work in progress.	
		5.1c		SS	Sept 14 & Sept 15	Continue to capture the views of people who have experienced safeguarding services and report findings back to the safeguarding adult's board for information and action.		
		5.1d		SS	Dec 15	Consider further developing the user experience interviews to ensure that a wider group of peoples' views can be heard such as people who lack capacity, carers, care providers etc.		
6	Ensure implementation of lessons learned from any serious case reviews or domestic homicide review.	6.1a		SS	Sept 15	Develop a procedure for the identification and referral of safeguarding adult reviews to be considered by the new joint serious case review group.	A report submitted to May SAB for approval. Feedback requested from partners.	
		6.1b		KV	Dec 15	Monitor the delivery of recommendations from findings from the Stephan and Kara Report taking account of wider implications.		
		6.1c		VS	May 16	Receive assurance from the CCG that IRIS is being rolled out and effectively implemented in GP practices.	National Health England, CCG consider funding awaiting prevalence analysis amongst 67 surgeries.	

Key	
Chris Miller	**CM**
Jackie Parker	**JP**
Sue Smith	**SS**
Kiran Vagarwal	**KV**
Neha Shah	**NS**
Vivienne Stimpson	**VS**
Heather Wilson	**HW**
Liz Royale	**LR**
Community Safety Team	**CMS**
Jon Dickinson	**JD**

This page is intentionally left blank

AGENDA ITEM 8

Adults and Safeguarding Commitee

September 2015

Title	**Mental Health Community Model – Barnet Enablement Pathway Business Case**
Report of	Dawn Wakeling – Commissioning Director Adults and Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A - Barnet Enablement Pathway Business Case
Officer Contact Details	Melanie Brooks Melanie.brooks@barnet.gov.uk 0208 83592453

Summary

This paper seeks the approval of the mental health community model business case based on the specification for adult mental health social care services which was approved by Committee in June 2015. The Business Case details how the customer journey, staffing structure and relationship with Barnet, Enfield and Haringey Mental Health Trust should be re-shaped to re-focus social care on recovery, social inclusion and enablement. It outlines the steps needed to achieve this specification and the positive impact this should have for residents of Barnet. The business case reinforces the importance of employment outcomes and wider public health prevention as part of the Barnet Enablement Pathway.

This paper also sets out the progress made in delivering the Commissioning Intentions for Adults of Working Age Mental Health agreed by Committee in October 2014, building on the position statement given to Committee in June 2015.

Recommendations

1. **To approve the Barnet Enablement Pathway Business Case for implementation, including the recommended model of enablement articulated in the Barnet Enablement Pathway Business Case.**

2. **To approve the withdrawal of mental health social workers from the current integrated structure with Barnet Enfield and Haringey Mental Health Trust, and authorise officers to discuss and agree with Barnet Enfield and Haringey Mental Health Trust a model of integration that delivers the objectives of the Barnet Enablement Pathway, to take place within the next two years to ensure a safe transfer of service.**

3. **To authorise officers to put in place a new section 75 agreement covering Older Persons Mental Health, following the end of the two year period of the current Section 75 Partnership Agreement between LBB and Barnet Enfield and Haringey Mental Health Trust, with the caveat that this may change if other aspects of the service model change.**

4. **To approve the proposals for the service restructure to form the basis for Consultation with Staff and Trade Unions with formal consultation commencing in October 2015.**

5. **To authorise officers to undertake public consultation on the Barnet Enablement Pathway and proposed changes to the service.**

6. **To note the position statement on progress made in delivering the Council's Commissioning Intentions demonstrating the integrated approach.**

1. WHY THIS REPORT IS NEEDED

1.1.1 In October 2014, the Adults and Safeguarding Committee approved its Commissioning Intentions for Mental Health for Adults of Working Age. Following a programme of resident engagement and consultation, the Adults and Safeguarding Commissioning Plan for the period 2015/16 to 2019/20 was approved by the Adults and Safeguarding Committee at its meeting on 19 March 2015.

1.1.2 The plan identified the following objectives:

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

1.1.3 The plan identified that these objectives would be met through the following service developments

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

1.2 This report summarises the work to date against this plan further to the June 2015 Committee report, setting out the progress against the six commissioning intentions for Adult Mental Health agreed by Committee on the 2 October 2014.

1.3 The Adults and Safeguarding Committee is asked to approve the full business case attached as Appendix A which sets out the reasons for the implementation of the Barnet Enablement Pathway for Adult Mental Health Social Care services and the expected benefits from the transformation programme.

1.4 The Section 75 (S75) Partnership Agreement that London Borough of Barnet has in place with Barnet, Enfield and Haringey Mental Health Trust (BEHMT), sets out the partnership arrangement for the delivery of Social Care and Social Work in mental health services for residents who are eligible for Social Care within the Care Act 2014. The Section 75 delegates Statutory Functions to BEHMT and would not be required in its current format for Adult Mental Health Services one the new model is implemented. The Committee in June approved the renewal of the Section 75 to enable a safe transition to the new service model and this will end in August 2017. This report recommends that the S75 is amended to adjust the staffing arrangement to Social Care line management, ending the secondment of Social Workers to the Trust. A residual Section 75 will need to be in place to deliver Older Persons Mental Health Services. At this point, the form of agreement required between LBB and BEHMT will have been considered to ensure appropriate governance arrangements for joint working within Adult Mental Health service pathways covering areas such as access to systems, information governance and co-location of staff

2. REASONS FOR RECOMMENDATIONS

2.1 The Business Case sets out the case for change, how the commissioning intentions will be delivered and the benefits to be achieved. The business case considers these key drivers for change:

- Increasing number of detentions under the Mental Health Act

- Service demand pressure within the Approved Mental Health Service and residential placements
- Impact of the Care Act 2014 and Deprivation of Liberty Safeguards.
- Increasing spend on Residential Care both in terms of unit cost and increasing service user numbers at a rate which is unsustainable
- Limited housing options to enable people to move on from both Residential Care and Supported living
- The required cultural change to deliver enablement and recovery for service users, expressed in ten new ways of working.

3. POST DECISION IMPLEMENTATION

3.1 The implementation plan set out in the Business Case sets out in detail the steps required to implement the new model once this is approved.

3.2 Staff consultation will take place from October given the change of teams and line management for staff. There are no redundancies proposed in the structure and changes to the skills mix of the team will be managed through changes to vacant posts.

3.3 Co-production will continue through the Autumn and Spring to finalise the team structure and ongoing discussion with BEHMT will take place concerning integrated teams, use of estate and pathways. Should this work progress as planned, the new service model will be in place from the 1st June 2016. The council will plan the changes with BEHMT to ensure a safe transfer to the new service model. This will include piloting and roll out of the model in phases.

Implementation Milestones		
Full Business Case approved	Approval at Committee of full business case	September 2015
Staff consultation	Trade Union Consultation LBB Staff Consultation – briefing sessions and workshops BEHMT Consultation	October to December 2015
Detailed design of staffing, pathway and service processes	Series of co-production task groups Negotiation with BEHMT and key partners Continued Joint Commissioning of the Mental Health system informed by this work with Barnet CCG	January to March with go live from May 2016
Review and amend Section 75	Approval of revised agreement both Section 75 and Agreements for joint working	August 2017

4.0 IMPLICATIONS OF DECISION

4.1 Corporate Priorities and Performance

4.1.1 The Corporate Plan 2015-2020 sets out a vision for redesigned local services which are integrated, intuitive and efficient, in their approach, sharing staff and assets, and developing joint solutions to manage demand and provide quality services. The Barnet Enablement Pathway is consistent with this vision enabling the council working in partnership with the NHS, Jobcentre, and other local partners

4.1.2 The Draft Joint Strategic Needs Assessment 2015 informed the production of the business case as insight including future demand for service and a foundation for understanding community needs. This is fully referenced in the business case.

4.1.3 The Health and Wellbeing (HWB) Strategy for Barnet 2012-2015 includes priorities to increase the proportion of adults with mental health problems in employment and better support perinatal mental health problems. The Health and Wellbeing Board recently considered its priorities for the HWB strategy after 2015 and mental health was identified as a key priority.

4.1.4 Adults and Safeguarding Committee Commissioning Plans 2015-20 sets out its ambition to transform the way that social care services are delivered. The vision for the delivery of adult mental health services provided by Barnet Council includes re-focusing social care on recovery, social inclusion and enablement. This model aims to orientate professionals towards prevention and early intervention for both carers and users..

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

4.2.2 The Section 75 agreement has no inherent value attached to it and is not a contract or subject to procurement. It is an agreement that sets out the terms of the partnership between the two responsible authorities to jointly deliver care and services. The Section 75 allows for the secondment of LBB Social Care staff to BEHMT and for the line management of those staff by BEHMT. It also delegates Social Care duties to the Trust through those Social Care staff.

3.1.1 The proposed staffing model will be within developed within the existing staffing budgets and subject to any workforce savings agreed through the Council's finance and business planning process. The proposal forms part of the medium term financial strategy for adult social care services and will be revenue neutral in the short term in terms of staffing budgets. However in the medium to long term the changes will result in whole system savings through a shift to more effective, lower cost interventions. This will be modelled in greater detail and reported back to the committee through the financial and

business planning process

4.2.3 Currently, estate, back office functions are shared with Barnet, Enfield and Haringey Mental Health Trust and Social Work operates from a number of community locations including primary care. The Mental Health Trust has indicated a commitment to co-location and the ongoing development of integrated teams and pathways that focus on the needs of service users. These agreements will need to be formalised to ensure robust governance of Information Sharing as well as to mitigate any risk that the implementation of the Barnet Enablement Pathway will increase cost for LBB, Barnet CCG or Barnet, Enfield and Haringey Mental Health Trust.

4.3 Social Value

4.3.1 Whilst not being secured through a contract or procurement, the Barnet Enablement Pathway seeks to build social value through the integration of services with the voluntary and community sector, and the development of volunteer Peer Support roles provided through the client forum at The Network.

4.4 Legal and Constitutional References

4.4.1 Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Responsibility for Functions, Appendix A) The Adults and Safeguarding Committee has the following responsibilities:

- Promoting the best possible Adult Social Care services
- To ensure that the Council's safeguarding responsibilities are taken into account.

4.3.2 Section 75 of the National Health Service Act 2006 provides for partnership agreements between health and social care agencies.

4.3.3 The Care Act 2014 sets out a number of duties that are relevant including Section 9 of the Care Act which requires a local authority to assess an adult if they may have needs for care and support and if they do, what those needs are. Section 13 of the Care Act provides that if an adult's needs for care and support meet the eligibility criteria the local authority must consider what could be done to meet those needs. The eligibility criteria are set out in The Care and Support (Eligibility) Criteria Regulations 2015.

4.3.4 All statutory functions that relate to Adult Social Care Mental Health Social Work functions will continue to be delivered within the Barnet Enablement Pathway including the Mental Health Act 2007 and the Mental Capacity Act 2005.

4.5 Risk Management

4.5.1 There is a risk of undermining local partnerships with the NHS at a time when

national policy direction is for health and social care integration through the Better Care Fund. Under the Care Act 2014, local authorities must carry out their care and support responsibilities with the aim of joining-up the services provided or other actions taken with those provided by the NHS and other health-related services (for example, housing or leisure services). It is therefore necessary to set out clearly how the new arrangement will support the integration of social work with other aspects of NHS service delivery, notably primary care and build on the partnership with BEHMT.

4.5.2 A risk to the achievement of these intentions is that Barnet Council, the CCG, BEHMT and other partners fail to co-ordinate their activities effectively. The development of the approach will need to as a partnership piece of work involving the joint commissioning team has ensured that plans and incentives are aligned.

4.6 Equalities and Diversity

4.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the Council to have due regard to the need to:
a) eliminate unlawful discrimination, harassment, victimisation;
b) advance equality of opportunity between those covered by the Equality Act and those not covered, e.g. between disabled and non- disabled people; and
c) foster good relations between these groups.

5.5.1 By section 149(2) of the Equality Act 2010, the duty also applies to ‘a person, who is not a public authority but who exercises public functions and therefore must, in the exercise of those functions, have due regard to the general equality duty'. This means that the council will need to have regard to their general equality duty.

5.5.2 The Equality Impact Assessment identified a positive impact or neutral impact and this will need continual reassessment through implementation. Currently, access to enablement services is through a number of steps and referral processes. By opening access to enablement all groups will have improved access to service and particular groups who may not have been seen as benefitting from enablement for example, people with disabilities and older people, will now have equal access to enablement and routes to employment services.

5.5.3 Staff have been engaged in the planning process through the social care practice forum. The equality impact assessment proposals have a neutral impact.

5.6 Consultation and Engagement

5.6.1 The development of these proposals has drawn on consultation undertaken by the Council, Healthwatch Barnet and have been developed through co-production methods with service users and those who have received services in the past, and partner agencies. There have been particular workshops and focus groups again service users, staff, Clinical and Service leaders from both BEHMT and Barnet CCG and community organisations with mental health throughout the process to develop the specification and production of the Full Business Case.

5.6.1 The development of the Service Specification presented to the Committee in June 2015 was led by a working group with representation of Service Users, staff and stakeholders as well as Council Officers. The work was informed by workshops which focussed on specific issues and targeted to stakeholders and included a service user forum.

5.6.2 The Business Case was developed by officers working with a peer co-lead informed by a series of workshops and meetings with the same range of stakeholders. This group created the 10 new ways of working.

5.6.3 Informal staff consultation has taken place through the social care forum which has informed the practice elements of the case and implementation plan. Staff will be involved in the task and finish groups which will create the detail of process, systems and service pathways throughout the implementation of the business case.

5.6.4 Formal staff consultation will commence from October 2015. Trade Union briefings have taken place and will continue through the formal consultation period. Trade Unions will be formally consulted as set out in the protocol between LBB and Trade Unions.

5.6.5 The Reimagining Mental Health breakfast group is an initiative created by Barnet CCG and supported through the LBB and CCG Joint Commissioning Unit. The Reimaging Mental Health work aims to provide an open forum for anyone with an interest in mental health in Barnet to inform service commissioning. The Joint Commissioning Unit will lead the work to ensure this stakeholder group are engaged in the implementation of the Mental Health Community Model - Barnet Enablement Pathway as the reimaging group coproduce integrated services for people in Barnet.

5.7 Insight

5.7.1 The Joint Strategic Needs Assessment 2015 was used to provide data on

population needs and future service demand in modelling the proposed service.

6 BACKGROUND PAPERS

6.1 The Barnet Health and Well- Being Board- held on 20th March 2014 received, commented on and noted the Barnet, Enfield and Haringey Mental Health Trust: Implementation of the CQC action plan/ implementation of the BEH CCG`s mental health commissioning strategy. This updated the Board on progress being made to address quality issues identified following CQC inspections of Trust services.

6.2 Health and Well-Being Board- held on 19th September 2013 received, commented on and noted the 'Tri-borough Mental Health Commissioning Strategy for Adult and Older Adult Services- 2013-2015', and Operational Plan 2013 – 2015 and agreed that the Chairman and Chief Executive of the Barnet, Enfield and Haringey Mental Health Trust attend the Board's meeting in March 2014 to discuss progress at implementing the Strategy.

6.3 Health and Well-Being Board- held on 23rd January 2014- the Board discussed the quality and safety concerns raised by the CQC reports with senior managers at the Barnet, Enfield and Haringey Mental Health Trust. Prior to this, senior officers across the NHS and Council met with the executive team at the Trust to ensure that there was clarity of expectations across commissioners and the Trust as to the actions that are being undertaken and how progress will be monitored. The Board requested an update on progress from the Trust at the March 2014 meeting.

6.4 Adults and Safeguarding Committee 2 October 2014 approval of the Mental Health Specification and approved the recommendation to develop the Barnet Enablement Pathway.

6.7 Adults and Safeguarding Committee 6 June 2015 approval of the Barnet Enablement Pathway and approval to develop the full-business Case.

This page is intentionally left blank

BARNET
LONDON BOROUGH

Full Business Case: Implementation of the Barnet Enablement Pathway

Author:	Melanie Brooks
Date:	24/08/2015
Service:	Commissioning Adults and Health

Table of Contents

List of Tables, Charts and Diagrams

1. Executive Summary

1.1 Adults and Safeguarding Committee approved its Commissioning Intentions for Mental Health for Adults of Working Age in October 2014. Following a programme of resident engagement the Commissioning Plan for the period 2015/16 to 2019/20 was finalised and then approved by the Adults and Safeguarding Committee at its meeting on 19 March 2015 which set out the intention to develop a new Community Model for Mental Health.

1.2 Adults and Safeguarding Committee further approved in June 2015 the development and implementation of the Barnet Enablement Pathway (BEP) as the foundation for delivering the Mental Health Community Model and approved the outline Service Specification for the work. This paper expands on the BEP to clarify the expected new ways of working, staffing, activity levels and summary of approaches to deliver Enablement.

1.3 Enablement can be described as:

"An approach or philosophy within home and community support services – one which aims to help people 'do things for themselves' rather than 'having things done for them'."

1.4 In mental health, 'recovery' means the process through which people find ways of living meaningful lives with or without ongoing symptoms of their conditions. It is not about being cured - it is a personal journey of discovery that involves making sense of and finding meaning in what has happened, becoming an expert in your own self-care, building a new sense of self and purpose and discovering your own resourcefulness.

1.5 Users of mental health services have identified three key recovery principles:

- the continuing presence of *hope* that it is possible to pursue one's personal goals and ambitions
- the need to maintain a sense of *control* over one's life and one's symptoms
- and the importance of having the *opportunity* to build a life beyond illness

1.6 The aim of this business case is to set out an approach and supporting service model which will bring together the philosophies of enablement and recovery to achieve this objective:

More people in Barnet who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and

working, improved chances in education, better employment rates, and a suitable and stable place to live.

1.7 Within Barnet the experience of people to achieve such a quality of life is mixed. The Network have achieved success in supporting people with recovery through the community access support and recovery programme. The Public Health commissioned employment support delivered in partnership with Twinning Enterprise, Barnet Enfield and Haringey Mental Health Trust and Job Centre Plus as offered Individual Placement Support. There is sound individual work across the service on which to take forward an enablement approach. People value the services, but frequently report that support is not consistently available when it is most needed. Professionals report that often they feel they are responding to crisis and feel their capacity to support the person and the family to better manage going forward is constrained.

1.8 The following challenges are present:

- Increasing number of detentions under the Mental Health Act to respond to crisis driving pressures within the Approved Mental Health Service and residential placements
- Increasing spend on Residential Care both in terms of unit cost and increasing service user numbers at a rate which is financially unsustainable
- Limited housing options to enable people to move on from both Residential Care and Supported living
- Service provision prioritising monitoring and risk management with limited capacity to truly focus on well-being.

1.9 Adult Social Care spend for working age adults is just one source of investment in Barnet to improve quality of life for people experiencing mental health problem. Social Care is part of a wider-system of services and community assets that are available to people in Barnet. This Business Case specifically addresses how the London Borough of Barnet will invest in those adults and their carers, whose needs primarily arise as they are experiencing a mental health problem and who have eligible needs within the framework provided by the Care Act 2014. This paper will signal the vision which the London Borough of Barnet (LBB) has for locating the Barnet Enablement Pathway (BEP) within the wider system of provision and support whilst directly addressing the case for change within Adult Mental Health Social Care.

1.10 Services within scope of this paper cover delivery of social care to working age adult service users and carers defined through acceptance of the national eligibility criteria for adults in need as a result of The Care Act 2014. This includes:

- social work and social care (including occupational therapy where relevant) assessment and interventions
- safeguarding vulnerable adults and transition from CAMHS to adult services
- Statutory duties including those relating to the Care Act 2014, Safeguarding Adults, Mental Health Act 2007and Mental Capacity Act 2005.

1.11 The scope also includes work with partners on employment and accommodation to enable recovery and mental health improvement including the interface with public health, early intervention and prevention services. The scope excludes dementia and frail elderly services and services for Children (Child and Adolescent Mental Health Services).

1.12 The Barnet Enablement Pathway has been arrived at through a co-production process to redefine adult social care for people with mental health conditions and to deliver the 10 new ways of working. Stakeholders identified that at the heart of the redefined model should be the optimal enablement of the service user and carer to achieve their full potential as a member of the Barnet community. The new Barnet social care model for people with mental health conditions will provide a focus on social needs as well as integrating with partners to deliver holistic care, building on existing good practice within Barnet, Barnet CCG and primary care, and within Barnet, Enfield and Haringey Mental Health Trust.

1.13 A critical success factor of this new service model is strategic alignment with the enablement programmes across the CCG and BEH. A robust community social care pathway delivering holistic and personalised support is vital to support the transition into a community centred, multi-agency led model of enablement. This can be achieved through the proposed Barnet Enablement Pathway (BEP) for mental health social care which is underpinned by a number of strategic and operational elements.

1.14 The Barnet Enablement Pathway will in summary deliver five key changes:

- An increase of people accessing enablement services through the Network Plus reaching 500 more people
- A focus on integration and joint approaches with family services, primary care and community services
- Through the Local Enablement Hub a redesigned front door that in partnership with BEHMT, primary and voluntary service extends the reach of services whilst reducing dependency on secondary care
- Cultural change building on local best practice and service user feedback to embed enablement approaches throughout the pathway

- Build a skilled multi-disciplinary team with peer support to focus on enablement in residential care and supported living.

2. Ten New Ways of Working

2.1 During the last twelve months, ten new ways of working have been co-produced which stakeholders see as required changes to deliver enablement in social care as part of a wider community system of mental health. This work has been led by LBB and has involved people with lived experience including people who use services, carers, local mental health community organisations, Social Work staff and Managers including those within LBB and BEHMT (Barnet, Enfield and Haringey Mental Health Trust).

Table 1: Proposed 10 new ways of working:

1	**Voice of the service user drives intervention and support throughout the pathway**
	• Build self-reliance and resilience • Choice and control central at every decision point • Self-management is goal and drive and servicer users own the processes • Reduction in the length of service • Increase in enablement access • Decrease in residential care
2	**Greater support to families including parents and carers**
	• Prevention of family breakdown • Earlier intervention with family difficulties • Systemic approaches to build resilience • Building family and carer confidence and expertise • Crisis planning and sources of emergency support • Reducing incidence and impact of crisis • Reduction in admissions to hospital
3	**Constant focus on equipping people and their families for self-management, with a move away from monitoring, coordination, routine visits, professionals as experts**
	• Every contact and intervention seeks to enable the person to better manage their own health and well-being • Maximising professional intervention • Reducing dependence on care
4	**Enablement as first offer and access to social care**
	• Constant focus on person finding sources of support and activities in community • Focus on ability, potential and skills

	• Building opportunity to retain, regain and train for employment
5	**Intensive support is delivered to enable - reviews are more regular in residential care, identifying outcomes for independence and enablement, clear plans for move from care**
	• Support is focussed and intensive when needed to facilitate the resolution of crisis, independence from institutional care (residential and hospital) • Supported living relentless focus on move to own accommodation
6	**Planned discharge from day of admission**
	• Stay in hospital minimised and every admission is working to independent living once crisis is resolved. • Reducing length of stay in hospital and residential care • Community access and enablement robust part of plans for person in residential and hospital care
7	**Integration of access and joint working to maximise enablement opportunities**
	• Choice appointment focus on community support as part of initial assessment and support planning • Choice meetings as a new way of working for addressing more complex needs and undertaking assessment • Working with GP, IAPT, employment support and community sector • Reducing need for full assessment and secondary care • Reducing crisis and preparation for crisis when it occurs • Close working with Family Services to support with preventative approaches and addressing the toxic trio
8	**Systemic practice and greater focus on employment**
	• Building family, community and support networks. • Employment and housing considered at every intervention
9	**Building pathway with Health Champions and Peer Support at every opportunity**
	• Paradigm shift away from professional care • De-stigmatised support • Sustainable support when professional support ends • Flexible support at times of change, transition and crisis • Community links and capacity
10	**Solution and outcome focussed practice**
	• Focus on what difference support is making • Focus of providers and professionals on improvement, delivery and enablement • Better use of resources • Explicit user-led enablement plans created through choice meetings which

are expressed in simple outcomes that provide long-term recovery

3. Strategic Case

3.1 The Business Planning report that was agreed by the Committee on 31 July 2014 set out a vision that all adults will be given the opportunity to live well, age well and stay well. This means that all adults will feel safe and be safe in their environment. Financial constraints should not hinder the delivery of good outcomes for all. There will be a strong sense of community that supports personal growth and independence and an overall focus on early intervention and prevention with a reshaped specialist care offer for those that need it.

3.2 Our overall vision, therefore, could be summarised to:

- Achieve more, with less.
- Move away from 'professionalised' models of care towards more community, home-based, peer-led models of support.
- Reinforce relationships and community connections.
- Rebalance the model and orientate professionals towards prevention and early intervention for both carers and users; integrate community and peer groups into specialist care.
- Help providers, users and carers to be better at long-term planning, managing and supporting demand rather than rationing supply.
- Focus on the quality of relationships (between users and those who support them) and depth of our knowledge about users' needs and assets.

3.3 In October 2014, the Adults and Safeguarding Committee approved its Commissioning Intentions for mental health adults of working age. Following a programme of resident engagement the Commissioning Plan for the period 2015/16 to 2019/20 was finalised and then approved by the Adults and Safeguarding Committee on 19 March 2015.

3.4 The plan identified the following objectives:

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

3.5 The plan identified that these objectives would be met through the following service developments:

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

3.6 The Barnet Enablement Pathway delivers the published Commissioning Intentions in the following ways:

3.6.1 **Re-focusing of social care on recovery, social inclusion and enablement**

The Barnet Enablement Pathway has been designed through a process of co-production involving service users, officers from the council, social care professionals, experts from housing and employment and other stakeholders. A wide range of evidence was also considered from research and case studies of best practice elsewhere in the UK. The pathway aims to prepare the person for self-management at all stages with a constant focus on choice, community access and the enablement programme being accessed and re-accessed as a routine offer.

The holistic care planning model generates a simple one page enablement plan which allocates service users to a tailored enablement programme ranging from an initial six week 'brief enablement' package through to standard social work packages and specialist health packages (provided by CMHTs) and family work . This care planning model will be aligned with the requirements of the Care Act 2014 and include elements of public health such as development of health champions, social prescribing, and interventions at an early stage. The planning model will be built on a recovery outcomes model with broad and meaningful outcome measures to provide baseline and interim evaluation scores for service users and carers.

3.6.2 **Promote a social work role which focuses on protective factors located outside of a medical model with much stronger working with primary care**

The Local Enablement Teams (LETs) will reach into family services, primary care and IAPT (Improving Access to Psychological Therapies), as well as a range of other community services and will continue to work alongside BEHMT to ensure rapid access to secondary care if needed. The goal of the social work intervention will be to support enablement in partnership with the person and those around them to build resilience through skills development, social problem-solving, family work and crisis support.

3.6.3 **Renewing the focus on the quality of services through strengthening the voice of workers and service users through the delivery model**

The Barnet Enablement Pathway has been developed through a strong co-production approach and this work will continue through implementation and into business as usual. The work going forward is a workstream of the Barnet Reimaging Mental Health co-production work plan and the involvement of service users and multiple stakeholders will be embedded.

Peer Support and Health Champions are a feature in the BEP in all aspects of the work to strengthen the service user and community voice; as well as adding value in terms of a model of care that builds community capacity. Whilst the shape and principles of Peer Support in Barnet is yet to be fully scoped, the principle that Peer Support is a key feature of services has been accepted and will be developed through co-production as set out in the implementation plan.

3.6.4 **The Social Work Consultant roles with adult social care delivery will establish robust professional leadership for social care staff and provide a continuous focus on quality and standards**

The Consultant Social Worker role is established in the staffing proposal. A Consultant Social Worker will provide leadership into each team with a focus on supervision, practice development and quality of practice.

The Consultant Social Work roles will have particular priorities:

- Developing graduate Social Workers with Think Ahead
- Creating a family approach with family services to address family mental health, early intervention and prevention
- Driving change and influence within the mental health system to bring about practice change to improve social outcomes

3.6.5 **Integrated pathways across the wider public sector and establish a 'hub' which provides coordinated support to help people with mental health problems (back) into work**

The BEP sets out a clear process for working through a LETs hub where both the initial choice meeting and choice appointment are managed through the hub process and these provide simple user-led assessment and needs planning processes. The shape and function of this is being coproduced through a task and finish group as part of the Barnet Collaborative with the intention of developing access and a process involving key partner providers. The LETs will be responsible for delivering the social care element aspect of the hub. This is set out in Diagram 3 in section 4.0. The Hub will include close

working with Job Centre Plus, the public health led employment support initiatives (provided by Twining Enterprise) and specific services such as BOOST (Burnt Oak Opportunity Support Team). Co-location of the Twinings employment team will continue as part of the implementation of the new hub. The employment pathway development is aligned to this approach and section 5.3 describes how this happens in practice.

3.6.6 **Increased range of accommodation options**

Barnet Homes in partnership with the Delivery Unit is refreshing the joint working protocol which will set out how the teams work together to provide an integrated approach to enable appropriate housing advice and assessment for housing options. This will be in place from October 2015 and will set out delivery options that adds the greatest value in terms of supporting individuals to access housing options.

The Accommodation Commissioning strategy will set out how the future shape of accommodation based support and placements will drive enablement and how the market will be shaped and incentivised to improve the move-on within mental health services.

3.6.7 **Promoting mental wellbeing and reducing stigma through establishing joint commissioning of social care with public mental health provision**

The LETs will provide the key link into community initiatives including the Public Health commissioned Health Champions and digital interventions which are being developed to support self-management. The Health Champion approach is being piloted in Barnet in 2015 with a focus on mental health. A primary Care partner is currently being sourced and the pilot will start in November.

3.7 In summary, the Barnet Enablement Pathway delivers the commissioning intentions in the following ways:

- Supports service users and carers in realising their full potential in terms of relationships, occupation and social achievement
- Aligns with the requirements of the Care Act 2014
- Builds on current best practice in Barnet in assessing and delivering enablement
- Provides intensive time-limited enablement packages which promote self-sufficiency and accommodation in the community where ever possible
- Addresses wider social care needs as the core driver
- Provides a platform for planning for and managing longer terms needs along with personal budgeting, including direct payments or support planning.

- Provides a robust process by which to keep service users support needs under review and to track enablement performance
- Delivers change in the ways in which service users have set out through on-going feedback and coproduction.

3.8 **Impact of Legislative Changes**

3.8.1 Impact of the Care Act 2014

Phase 1 of the Care Act 2014 came into effect on 1 April 2015 bringing together existing care and support legislation into a new, modern set of laws which focuses on people's outcomes and well-being. The Act sets out new duties on local authorities to provide information and advice; along with preventative services that reduce the need for formal social care support. It brings in a national eligibility threshold for those in need of care and support services; along with new rights for portability of care when a service user moves to a new area. It also provides increased rights for carers, with national eligibility thresholds for carers care and support services and a right to review

Although it is too early to measure the impact of the Care Act within Adult Social Care, it is projected that the Act will have a significant impact on the Adults Social Care budget as the new duties will result in more people making contacting for information, advice and support. The impact on Mental Health is expected to be seen in demand for prevention and enablement services as well as the numbers of new people expected to come forward for a carers assessment.

The national eligibility criteria set a minimum threshold for adult care and support and carers care and support. All local authorities must meet the care and support needs of individuals at this minimum level. Section 9 requires identification of needs and section 13 requires consideration of what is to be done to meet **those** needs. The threshold is based on identifying how an individual's needs affect their ability to achieve relevant desired outcomes, and whether as a consequence this has a significant impact on their wellbeing. This is a marked change from the current access through Secondary Mental Health Service provision into social care requiring a change in the method of referral and assessment.

In summary, the impact on mental health provision is:

- Access to enablement for all eligible service users
- New rights to services for carers
- Changes to assessments for carers and those with mental health needs

3.8.2 **Impact of Deprivation of Liberty Safeguards**

A key duty that Mental Health Social Workers deliver on behalf of the Local Authority is the undertaking of Approved Mental Health Professional (AMHP)

responsibilities and Best Interest assessments under the Mental Health Act 1983 and Mental Capacity Act 2005. These roles ensure that people have their human rights protected, balanced with care and safety for themselves and others. AMHPs respond to Barnet Residents who are in acute need or in mental health crisis and have the responsibility for organising, co-ordinating and contributing to Mental Health Act assessments. The recent Supreme Court Judgment on Deprivation of Liberty (*P v Cheshire West and P & Q v Surrey County Council)* creates greater complexity of assessment and decision-making for AMHP work. Whilst in Barnet the impact on time has not been fully assessed, anecdotally these changes have impacted on the time, practice and training of the AMHP service.

4. Economic Case

4.1 The Local Context

4.1.1 Many people will have experienced mental health difficulties in their lives and Barnet's residents are no different. Nationally, one in four people will seek professional treatment or support for their mental health problems, but only a small proportion of these will experience difficulties so severe that they need social care support.

4.1.2 Within Barnet, 1059 people of working age received social care support for their mental health problem in 2014 and this represents the second largest care group. This support includes a spectrum of services from professional support as well as more substantial packages of care at home or in a placement.

Table 2: Numbers of service users within Adult Social Care 2011/12 to 2013/14 by client category (SWIFT Social Care data)

Client Category	2011/12	2012/13	2013/14
Physical Disability and Sensory Impairment (18-64)	752	740	710
Learning Disability (18-64)	540	551	573
Mental Health (18-64)	993	1,104	1,059
Other (18-64)	28	47	42
Older Adults	3,979	3,868	3,894
Total Service Users	6,292	6,310	6,278

4.1.3 The number of people with mental health conditions within the borough is expected to rise and it is also expected that those who are eligible for social

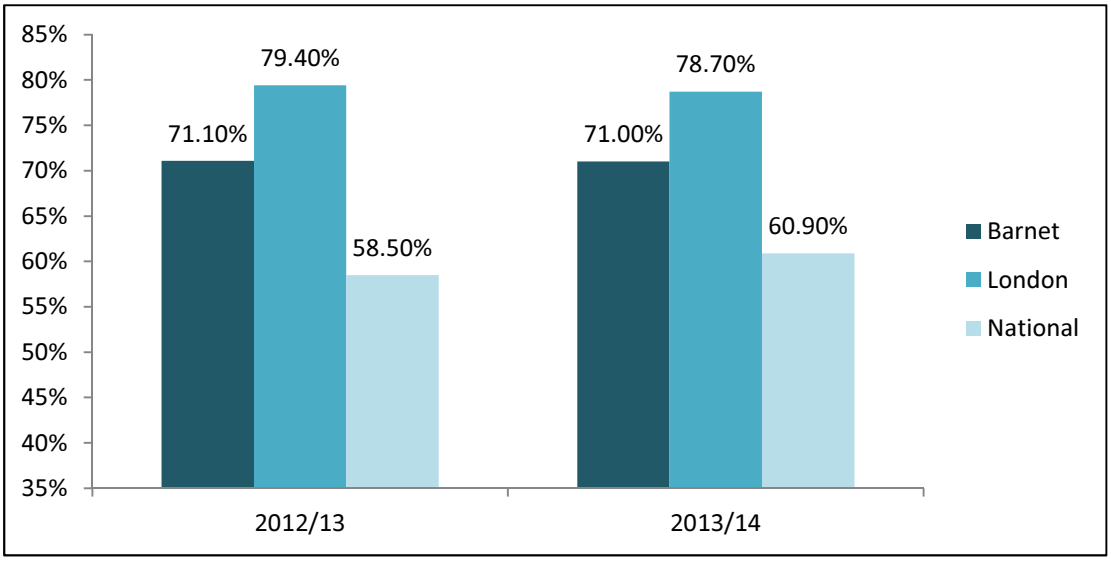
care services will also increase. The Joint Strategic Needs Assessment (JSNA) 2015 for Barnet projects a steady rise in potential service user numbers in the next four years.

Table 3: Barnet residents experiencing mental health problems and projections for the next four years (JSNA)

Type	2014	2015	2016	2017	2018
People aged 18-64 predicted to have a common mental health problem	38,076	38,542	39,061	39,572	40,046
People aged 18-64 predicted to have a severe and enduring mental health problem	2,827	2,865	2,906	2,946	2,984
People aged 18-64 predicted to have two or more mental health problems	16,975	17,196	17,438	17,680	17,901

4.1.4 Those who are eligible for social care tend to be those with complex social needs arising from severe and enduring mental health problems. These residents face considerable social exclusion evidenced through high rates of unemployment, social isolation, poorer physical health and insecure housing arrangements. Barnet would like all service users to remain at home for as long as they want to retain or regain employment and lead active, fulfilling lives. In 2013/14 a smaller proportion of Barnet's residents, who were in contact with secondary mental health services, lived independently compared to the London average (71% and 79% respectively). Given Barnet's aspiration for residents, clearly there is a need to deliver services that can increase the numbers of people living independently beyond our current performance.

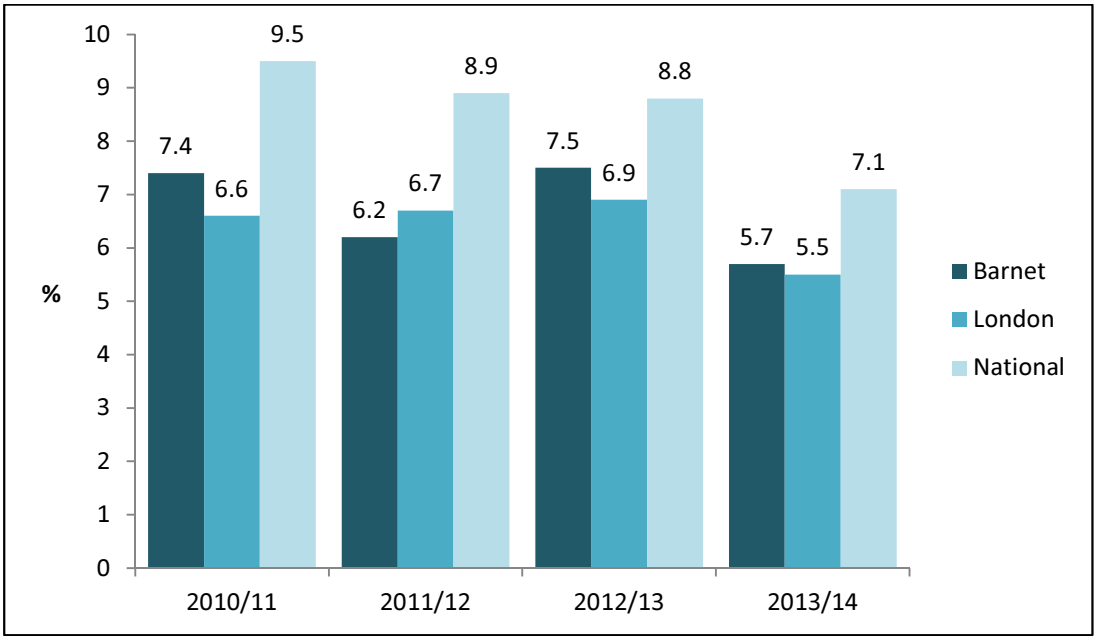
Chart 1: Proportion of adults in contact with secondary mental health services who live independently, with or without support, 2012-2014 (Barnet, London and National) (Joint Strategic Needs Assessment 2015)



4.1.5 The numbers of people with a mental health problem who are in paid employment has fluctuated in recent years, and was at its lowest point in 2014. With mental health problems being the most common issue preventing Barnet residents from being able to work, Public Health and the Health and Wellbeing Board identified 'supporting more people with mental health problems into employment' as one of their priorities. Following the successful piloting of approaches to support people's health and employability, services have been developed in 2015 in partnership with Job Centre Plus and the Barnet and Enfield Mental Health Trust. In order to continue to focus on employment in this way, staff will need to invest time in understanding the unemployed person's entire life, including the barriers and obstacles that they face and the effects that these and other factors have on their mental health, their goals and aspirations. This holistic approach supports clients to bring stability to their home, mental wellbeing and lifestyles; to allow a focus on employment.

4.1.6 There is a clear link between a personal sense of wellbeing, job satisfaction and productivity. Having a mental health problem remains the number one labour market trigger for exclusion from the workforce. Nine out of ten people believe that disclosure of either a past or present mental health problem would damage their career.

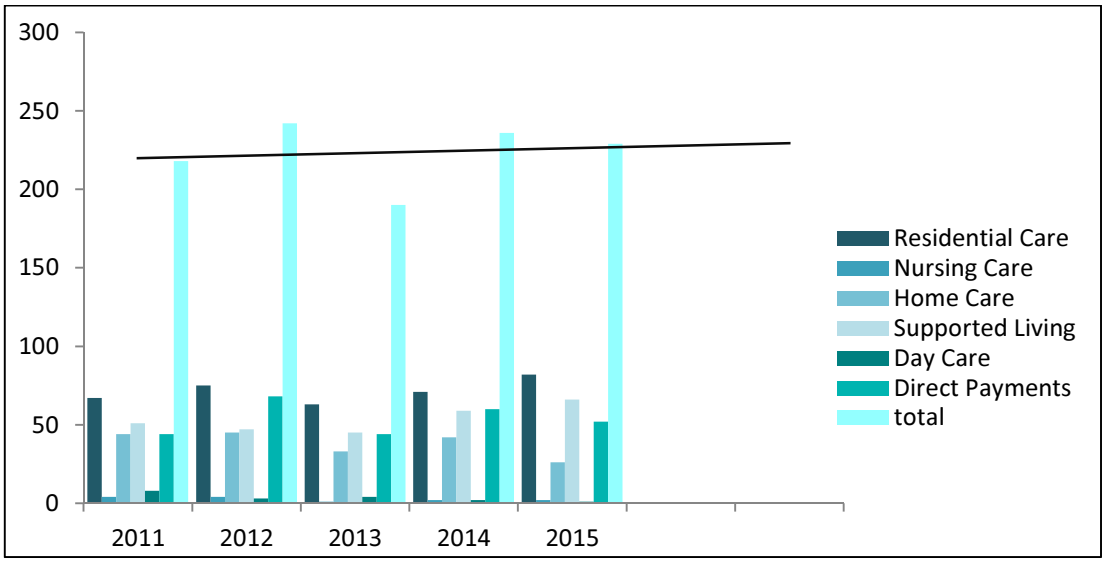
Chart 2: Barnet performance on supporting people into employment (Joint Strategic Needs Assessment)



4.1.7 This trend of increasing numbers of people with mental health needs, decreasing numbers who are supported to live independently and decreasing numbers of people who are in secondary care in paid employment, is driving patterns of social care use and therefore spend. Chart three demonstrates that whilst the numbers of people who receive social care fluctuate, the trend is an overall increase. The numbers of people accommodated by the Local Authority in Residential Care and Supported Living has steadily increased and if this direction of travel is not consistent with the vision of enabling people to live independently for longer.

4.1.8 Nationally the NHS reports (for example, NHS Confederation 2014) that there is a national increase in demand for acute care, crisis care and a shortage of inpatient beds. The number of mental health detentions is double that of 2000. The impact on this on Social Care is increased demand for Mental Health Act Assessment through the AMHP service, increased demand for residential care and supported living as people are discharged from hospital.

Chart 3: Numbers of service users by care type (SWIFT)



4.2 Combining the expected trend of future population needs with past patterns of social care service use, the emerging future for Barnet is:

- Increased demand for service overall
- Increasing numbers of people admitted to Residential Care
- Fewer people able to access paid employment
- Increased dependence on Social Care

4.3 Barnet needs to find a cost effective way to redesign services so that they:

- Meet the needs of population with increasing incidence of mental health problems
- Improve outcomes from care, support and enablement
- Reduce spend given current spend patterns and projections are unsustainable.

4.4 The Barnet Enablement Pathway is designed to deliver three top-level outcomes:

- Improved experience for service users and their families
- Improved outcomes for service users
- Reduced funding requirements

4.5 The overarching aim of the BEP is to provide support at an early opportunity and in a timely way which supports the choices, goals and needs of the service user; thereby increasing resilience and self-management of people and their families with the aim of reducing and preventing the need for more intensive social care services.

4.6 The BEP is expected to deliver these outcomes in the following way, set out against the ten new ways of working:

Table 4: Impact, Outcome and metric for the 10 new ways of working

	New Way of Working	Intended Impact	Outcome	Metric
1	Voice of the service user drives intervention and support throughout the pathway	• Build self-reliance and resilience • Choice and control central at every decision point • Self-management is goal and drive • Reduction in the length of service • Increase in enablement access • Decrease in residential care	• Improved self-management • Support provided at home • Increased family, carer and network resilience • Decrease in incidence of crisis and admissions to hospital • Improved whole person planning • Increase in those with access to employment	• Reduced admissions to residential care and reduced spend on residential care • Improved user satisfaction (service level and national survey results) • Increased people reporting outcomes are met (service feedback) • Increased carer satisfaction • Increase in directed packages of care (increase number is direct payment and SDS
2	Greater support to families including parents and carers	• Prevention of family breakdown • Earlier intervention with family difficulties • Systemic approaches to build resilience • Building family and carer confidence and expertise • Crisis planning and sources of emergency support • Reducing incidence and impact of crisis • Reduction in admissions to hospital		
3	Constant focus on equipping people and their families for self-management, with a move away from monitoring, coordination, routine visits, professionals as experts	• Every contact and intervention seeks to enable the person to better manage their own health and well-being • Maximising professional intervention • Reducing dependence on care		
4	Enablement as first offer and access to social care	• Constant focus on person finding sources of support and activities in community • Focus on ability, potential and skills • Building opportunity to retain, regain and train for employment		
5	Intensive support is delivered to enable - reviews are more	• Support is focussed and intensive when needed to facilitate the resolution of crisis, independence from		

	New Way of Working	Intended Impact	Outcome	Metric
	regular in residential care, identifying outcomes for independence and enablement, clear plans for move from care	institutional care (residential and hospital) • Supported living relentless focus on move to own accommodation	and service building paths to employment • Increase in sustainable and permanent housing options • Efficacy in placement and supported accommodation • Increase in use of wellbeing, community and universal services	as % of overall numbers and spend) • Increased numbers receiving enablement • Reduced referrals into secondary care (CMHT) • Reduced admissions from those receiving enablement and with a Joint Crisis Plan • Increase in service users engaged in paid employment • Increase is service users engaged in voluntary and community activities
6	Planned discharge from day of admission	• Stay in hospital minimised and every admission is working to independent living once crisis is resolved. • Reducing length of stay in hospital and residential care • Community access and enablement robust part of plans for person in residential and hospital care		
7	Integration of access and joint working to maximise enablement opportunities	• Choice appointment focus on community support • Choice meetings with give easy access • Working with GP, IAPT, employment support and community sector • Reducing need for full assessment and secondary care • Reducing crisis and preparation for crisis when it occurs		
8	Systemic practice and greater focus on employment	• Building family, community and support networks. • Employment and housing considered at every intervention		
9	Building pathway with Health Champions and Peer Support at every opportunity	• Paradigm shift away from professional care • De-stigmatised support • Sustainable support when professional support ends • Flexible support at times of change, transition and crisis • Community links and capacity		
10	Solution and outcome focussed practice	• Focus on what difference support is making • Focus of providers and professionals on improvement, delivery and enablement • Better use of resources		

5. Management Case

5.1 Current Provision of Adult Mental Health Social Care

Adult Mental Health Social Care is delivered in two ways – firstly, through a direct investment in social care staff who are currently seconded to the local secondary mental health services, which are delivered by the Barnet, Enfield and Haringey Mental Health Trust; and secondly through the supply of care services either through a placement or personal budget. Third sector and independent organisations such as Richmond Fellowship, MIND in Barnet and Barnet Refugee Service provide a range of support services including residential, housing/tenancy support, community inclusion, peer support and employment support. Service users either directly access or are supported to access these community services and support through the current Enablement Programme provided through The Network and managed by BEHMT. This paper focuses on the Social Care Pathway for people eligible for services under the Care Act 2014.

5.1.1 Social Work

Social work resource is deployed through the Trust and aligned to the BEH MH Trust team structures. All referrals into social work and The Network are through the Trust Triage Team which manages all referrals to secondary care. Safeguarding work is carried out within the teams but with a higher rate of referrals for residents who are in residential care or supported living, a higher proportion of safeguarding work is carried out by the Community Rehabilitation Team (CRT) who lead on work with service users in placements.

Social Workers undertake the following roles:

- Care coordination under Care Programme Approach (CPA)
- Professional support
- Carer and family work
- Safeguarding
- Social care assessment, support planning, statutory review, assessment for a personal budget, support for Direct Payment
- Work associated with the Mental Health Act including protection of property, AMHP function and Social Supervision.
- Mental Capacity assessment

Social Workers are part of integrated teams with line managers who are team managers, and may have either (or both) a health or social care background or professional qualification. The Service is managed by the BEHMT Assistant Director for Barnet.

Social Workers are currently deployed in the following teams (expressed as numbers of staff):

Table 5: Number of staff currently deployed across the MH Integrated teams

East and West Support Recovery Teams	
Team Manager	2.00
Social Worker/ Senior Practitioner	7.00
Social Worker	3.00
Principal Practitioner	1.00
Total	**13.00**

Community Rehab Team and Primary Care Team	
Team Manager CRT	1.00
Principal Practitioner	1.00
Social Worker/ Senior Practitioner	1.00
Social Worker	3.00
Principal Lead Practitioner	1.00
Total	**7.00**

Triage Team	
Principal Practitioner	1.00
Principal Lead Practitioner	1.00
Social Worker	2.00
Clinical Nurse Specialist	1.00
Total	**5.00**

Early Intervention Service	
Team Manager	1.00
Social Worker	1.00
Social Worker/ Senior Practitioner	1.00
Total	**3.00**

5.1.2 Caseload of the integrated service

BEHMT activity data is available for the integrated teams with individual contacts and caseloads. Within the current systems, social care work is not captured as an isolated task across the piece and is reflected in overall caseload and contacts.

Within Adults and Communities, the following Social Care specific activity data (BEH & SWIFT) is available:

Table 6: Social Care specific activity data (BEH & SWIFT)

2014/2015	
Professional Support	1059
Safeguarding Cases	120
Residential Reviews	80
Community Reviews	145
Care Package Assessments	160

Within the integrated service, the caseload of a Care Coordinator will range between 20 and 30 cases. The snapshot for the Trust in March is shown below – this is the caseload for the teams as they are currently configured.

Table 7: Snapshot for the MH Trust team case load in March 2015

Barnet Teams	**CPA**	**Non CPS**	**Total Caseload**	**No. of Carers Assessments (LBB)**
Barnet Triage Team	1	328	329	8
Barnet Early Intervention Team	128	5	133	19
Barnet Adults East Day Therapy	47	17	64	
Barnet Community East Support and Recovery Team	196	161	357	46
Barnet Community Rehab Team	205	67	272	21
Barnet Community West Support and Recovery Team	260	177	437	45
Barnet Complex Needs Team	87	1047	1134	7
Barnet CRHT	19	69	88	
Barnet Wellbeing Team	270	239	509	
	1213	**2110**	**3323**	**146**

5.1.3 Approved Mental Health Practitioner Service

The Approved Mental Health Practitioner (AMHP) Service, discharge the Local Authority duties within the Mental Health Act through the operation of a 24 hour rota for Barnet. Within Barnet, AMHPs are Senior Social Workers and each AMHP is expected to work two days and two nights a month. The Service is supported by a full-time AMHP Manager and one full-time AMHP. Additional AMHP capacity is sourced from temporary staff. To deliver the rota based on the current service model, requires a minimum of 15 full time equivalent AMHPs.

Table 8: Current FTE breakdown of staff in the AMPH Team

AMHP Team	
AMHP Manager	1.00
Senior Practitioner AMHP Duty	1.00
Social Worker AMHP	13.00
Social Worker (as and when) AMHP	7.00
Total	**22.00**

The number of Mental Health Assessments and detentions under the Mental Health Act has increased in the last three years. Each detention or conversion of a section requires an AMHP to undertake the assessment.

Table 9: Summary of data from BEHMT (most relevant for AMHP activity, not total detentions)

Mental Health Act Sections	**12/13**	**13/14**	**14/15**
Informal Patients admitted	165	211	272
Section 2	139	138	172
Section 3	19	29	17
Section 37, and 47 (41 +49)	8	13	7

5.1.4 The Network Service

The Network provides an enablement and social inclusion service through support and interventions which enhance and promote recovery, social inclusion and community integration. The Network delivers safe, person-centred support and evidence based practice, which promotes recovery and directs people away from dependant institutional responses to crisis and, wherever possible, supports service users in their everyday surroundings. The Network is also a joint service with BEHMT and has three clinicians from BEHMT working as part of the team. The Network provides this in the following ways:

- Enablement Programme through three Enablement Modules WRAP (Wellness Recovery Action Plan), New Steps and Skills In Action courses run on average twice per a week for between 3-5 weeks, depending on the module.
- Community Access Workers work on a one-to-one basis in enabling clients to make and action informed decisions regarding their social inclusion. Working collectively with the key worker on a short term basis, they form part of the seamless journey towards inclusion and recovery.

- Support into employment for individuals through the collocated employment Twinnings service and through the National Careers Service following referral by keyworker.
- Support into work, voluntary work, community and leisure activities.
- Client Forum to inform service delivery

Table 10: Number of Social Care staff currently deployed in the Network team

The Network Team	
Community Network Manager	1.00
Network Deputy Manager	1.00
Business Support Manager	1.00
Business Support Assistant	4.00
Assessment and Enablement Officer	5.75
Community Access Worker	2.00
Total	**14.75**

Table 11: The Network activity and performance data

Activity Measures	**Year 1 targets**	**Jan 2013-Dec 2013**	**Jan 2014-Dec 2014**
Referrals to the Network	200	562	460
Average caseload per worker		25	26
Proportion of support plan outcomes achieved	80%	82%	83%
The number of service users engaging in unpaid volunteering and paid employment	9	128	82

5.2 Current pathways

5.2.1 Social Care pathways are integrated within secondary care and managed through BEHMT process and systems. Access into Mental Health Adult Social Care is through BEHMT Triage into secondary care and referral to the Network is through the Community Mental Health Teams. Enablement is not routinely offered to all of those who are eligible for this service. Whilst it is thought that most people who would benefit from the Network do get referred, it is not at the earliest point in their journey through mental health services.

5.2.2 Access to Care packages and placement is made via the BEHMT Care Coordinator (could be Health or Social Care) and through the panel process. There is a current pilot evaluating the effectiveness of social work within the

Primary Care Locality pilot, otherwise access for primary care (and all other referrers) is through Triage.

5.3 Employment Support

5.3.1 The role of Social Care is to support a person to consider employment and to work holistically to enable a person to build their work readiness (where this is appropriate). The newly commissioned Employment Services, through Public Health providing Individual Placement and Support service, is focused on people with more severe mental health problems. Individual Placement and Support is evidence based model that sees Employment Specialists based alongside clinical and social care teams, offers intensive one to one support and encourages rapid job search. This service is embedded within the CMHT and The Network, and through this integration there are firm links between the Employment Pathway and Social Care Pathway, enabling links with Job Centre Plus.

5.3.2 The Network has also built close working links with another public health commissioned provision that supports people in the community and JobCentres. This provision offers low level psycho-educational support (including motivational interviewing), holistic support with any barriers to work that people may have and job searching support. The key difference between this service and the IPS service is that this service is open to anyone who may need support with their health and employment and that it is based in the community. The Network report that this more mainstream provision can be more suitable for people further along their recovery pathway.

5.3.3 There is a great deal of national interest in the IPS model to supporting people with mental health problems. Barnet expects to benefit from investment from Communities and Local Government and European Social Fund in IPS models for people with common mental illness in 2016-2018. There will be opportunities for this support to working closely with and alongside social work professionals reviewing how Social Work can be incentivised and rewarded in partnership with DWP to reduce dependence on Employment Support Allowance. Work is taking place across the sector through the West London Alliance.

5.3.4 These pilots are informing the discussions between London Government and Central Government around a London Devolution deal. London Government is arguing for better integration between local services and JobCentre Plus as well as opportunities to co-design and commission a support with better outcomes for those with complex needs on an invest to save basis that recognises, for example, the contribution of social care in supporting an individual to prepare for work.

5.4 Patterns of Service use across the system

5.4.1 The Joint Strategic Needs Assessment 2015 and the Clinical Commissioning Group (CCG) Review of Mental Health 2015 examined current patterns of service use and current investment in services against service outcomes and population need. The common conclusion was that future investment should focus on primary care and community services in a model which is able to support outcomes for recovery, intervenes earlier improves patient experience. The CCG review further identified that admission rates are higher than expected in Barnet and it surmised that this is due to an insufficient supply of community services to enable and intervene early. Experience from delivery in social care both nationally and locally is that admissions to hospital drive admissions to residential care as service users are discharged. Admissions to hospital and crisis service will also drive demand for the AMHP service who undertake Mental Health Act Assessment.

5.4.2 Best Practice sources, for example Social Care in Excellence, recommend that people with mental health problems should be supported by community and primary care teams working collaboratively with other services to access specialist expertise and skills.

5.5 Barnet Enablement Pathway

5.5.1 Residents within Barnet may require support with a range of needs throughout their lives. These needs include social support, housing, employment, mental and physical health, protection and leisure pursuits. While some residents may possess the internal capability and external support to manage these needs themselves, others will require a service to support them in addressing their needs

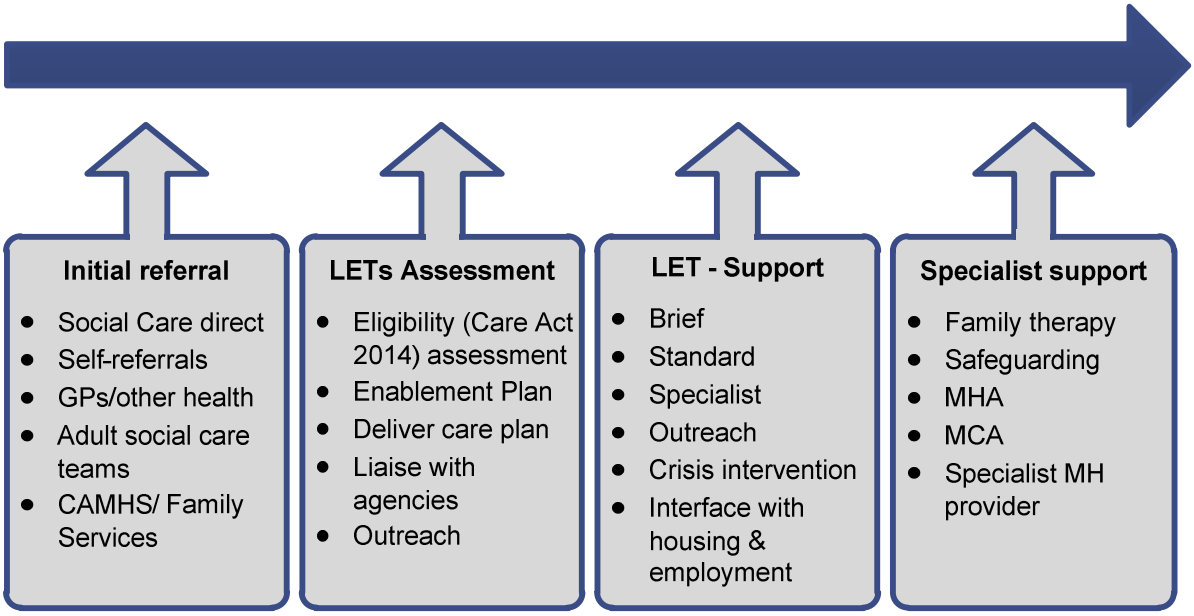
5.5.2 The BEP incorporates a number of elements which have been developed from best practice and co-production. The core principles from this process include:

- Balanced Teams – driving specific re-tasking of social care practitioners to deliver more optimal care aligned with the BEP, including refreshing professional roles and locations.
- Network Plus – expanding the current Network service to broaden both function and capacity to manage and drive the new BEP model.
- BEP performance dashboard – to capture and report against performance along the BEP with a more defined data set and information collection process.
- Prevention and early intervention – to drive the public health agenda through integration of prevention and early intervention in all aspects of the new model.

- Enhanced Enablement Initiatives – to drive specific improvements across Barnet mental health social care with greater integration of technology and voluntary sector initiatives into the enablement pathway.

5.6 Barnet Enablement Pathway Overview

5.6.1 **Diagram 1:** BEP Overview



5.6.2 At every stage of the process the service user and/or carer will be actively engaged to ensure their needs are appropriately identified and assessed, and to develop appropriate enablement, recovery and/or support plans that clearly set out actions with outcomes about how those needs will be supported.

5.6.3 The Social Care Pathway will work within and alongside the Treatment Pathway of BEHMT as well as being part of the wider system of Mental Health Services. The detail of how the pathways will work and in particular, how the access hub will operate, is currently being coproduced through reimaging Mental Health and will be shaped by the work of the task and finish groups set out in the implementation plan. Diagram 2 shows the relationships of the pathways.

Diagram 2: Health and Social Care pathways

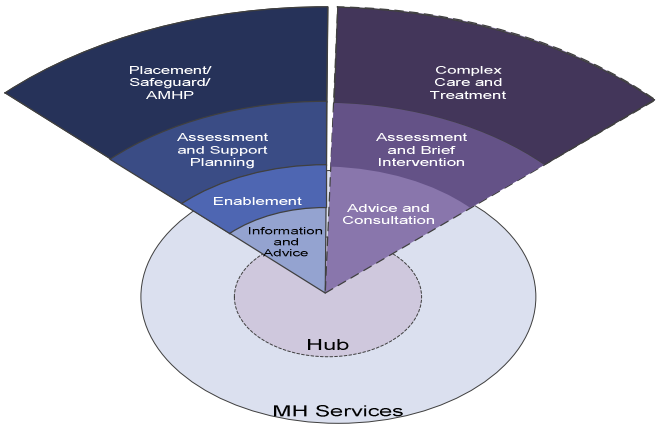
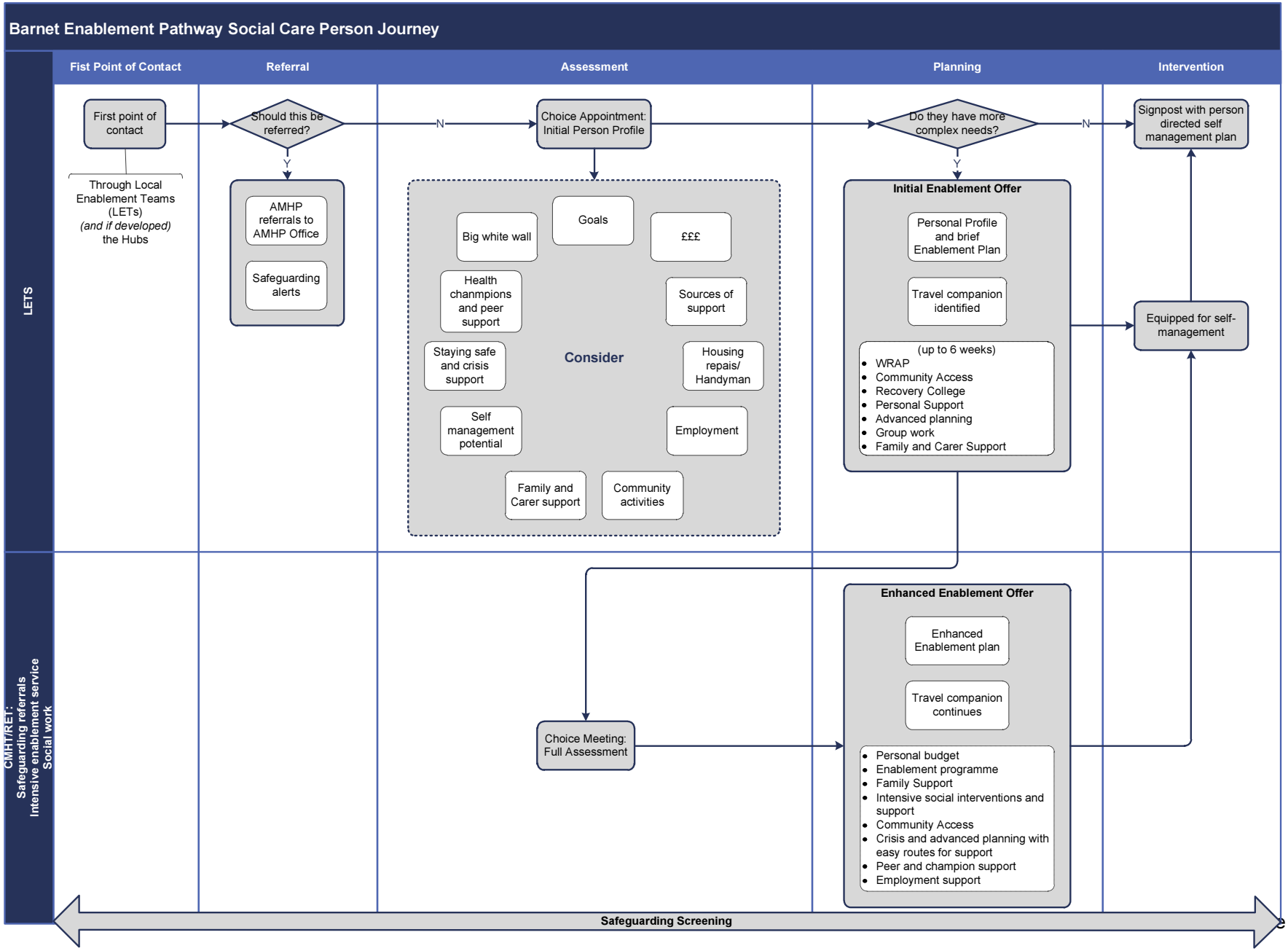


Diagram 2: BEP Social Care Person Journey



6. Financial Case

6.1 Current Budget - Social Care element of Integrated Service

6.1.1 The Adult Mental Health Social Care staffing budget is currently aligned and managed with the health BEHMT budget for the Integrated Mental Health Service. The current budget for the social care element of the staffing is £1.8 million.

Table 12: Adult Social Care Budget (including on-costs and non-pay)

		15/16 Budget
Adults MH Teams	10497	1,253,562
Primary Care Mental Health Team	10499	6,490
MH Divisional Management	10500	233,186
Other Services MH	10521	148,267
Community Network	10523	454,149
Mental Health ASW Service	11067	61,827
	Total	**2,157,481**

6.2 Cost of Care

6.2.1 Spend on care within Adult Mental Health has increased by one million over a five year period. Spend on residential care and supported living has increased both in terms of unit cost and numbers of service users; with spend on direct payments increasing in terms of service user numbers but representing less than 10% of overall spend.

Chart 4: Spend on care broken down by type of provision (SWIFT)

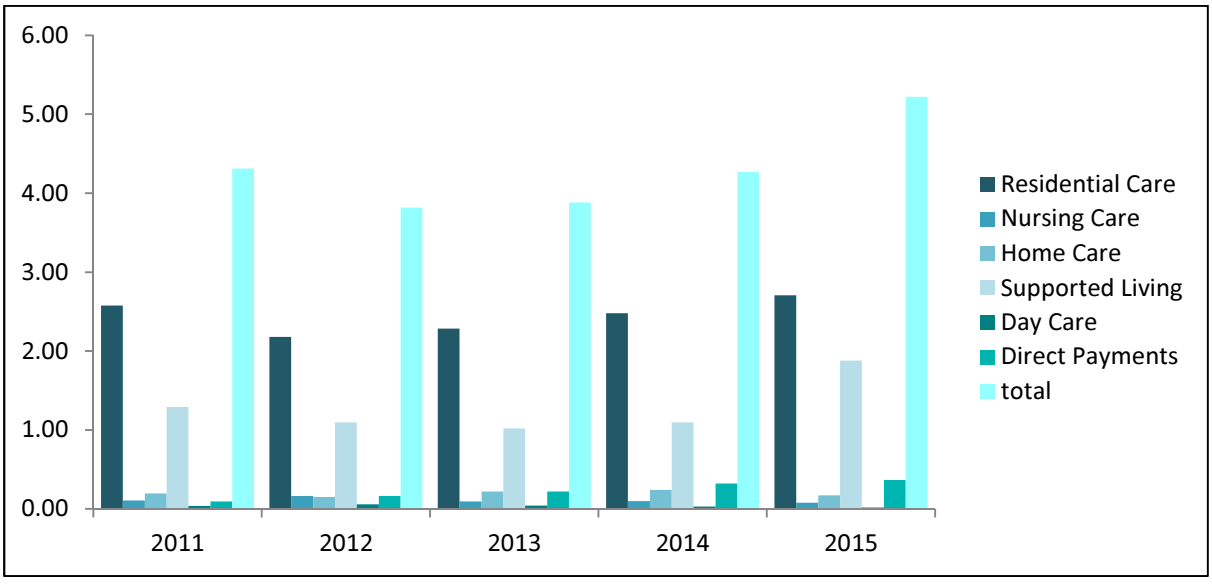


Table 13: Unit costing summary of client numbers and average weekly costs for major client groups

Care Type	Cohort	2012/13			2013/14			2014/15		
		Client numbers	Outturn £m	Average weekly unit cost	Client numbers	Outturn £m	Average weekly unit cost	Client numbers	Outturn £m	Average weekly unit cost
Residential Care	PD	34	£1.486	£936	34	£1.536	£987	35	£1.455	£985
	LD	198	£14.095	£1,421	203	£14.313	£1,241	196	£13.597	£1,444
	LD>65	32	£1.566	£1,000	35	£1.645	£887	34	£1.619	£1,003
	MH	63	£2.285	£798	71	£2.478	£686	82	£2.705	£887
	EMI	93	£1.558	£568	92	£1.791	£568	100	£2.001	£580
	OA	440	£9.892	£552	421	£8.541	£568	389	£8.285	£548
	TOTAL	**860**	**£30.884**	**£691**	**856**	**£30.303**	**£681**		**836**	**£29.661**
Nursing Care	PD	24	£0.728	£899	25	£0.871	£908	22	£0.747	£875
	LD	0	-£0.001	£0	1	£0.033	£1,721	1	£0.025	£1,721
	LD>65	1	£0.028	£519	1	£0.021	£524	1	£0.021	£524
	MH	1	£0.095	£963	2	£0.100	£757	2	£0.077	£752
	EMI	24	£0.436	£552	32	£0.742	£583	38	£0.821	£601
	OA	209	£4.630	£541	193	£4.165	£554	185	£4.209	£561
	TOTAL	**259**	**£5.916**	**£439**	**254**	**£5.933**	**£449**		**249**	**£5.899**
Home Care	LD	64	£0.641	£223	48	£0.594	£253	71	£0.564	£264
	LD>65	4	£0.034	£151	6	£0.034	£108	8	£0.196	£109
	MH	33	£0.221	£142	42	£0.242	£147	26	£0.173	£156
	EMI	49	£0.238	£119	55	£0.269	£160	49	£0.297	£183
	OA	828	£5.507	£127	822	£5.387	£137	730	£5.191	£165
	PD	103	£0.811	£182	118	£0.755	£178	128	£0.858	£170
	TOTAL	**1,081**	**£7.452**	**£133**	**1,091**	**£7.281**	**£128**		**1,091**	**£7.121**
Supported Living	LD	182	£8.004	£856	208	£8.088	£622	210	£8.026	£689
	PD	6	£0.218	£1,254	13	£0.357	£809	14	£0.122	£570
	MH	45	£1.019	£428	59	£1.097	£417	66	£1.880	£457
	EMI	1	£0.016	£357	0	£0.005	£0	1	£0.003	£41
	OA	1	£0.035	£426	1	£0.058	£303	4	£0.086	£381
	LD>65	20	£0.961	£858	32	£1.184	£673	29	£1.148	£671
	TOTAL	**255**	**£10.253**	**£773**	**313**	**£10.789**	**£663**		**324**	**£11.265**

Care Type	Cohort	2012/13			2013/14			2014/15		
		Client numbers	Outturn £m	Average weekly unit cost	Client numbers	Outturn £m	Average weekly unit cost	Client numbers	Outturn £m	Average weekly unit cost
Day Care	PD	26	£0.454	£157	24	£0.311	£238	22	£0.301	£237
	MH	4	£0.041	£232	2	£0.029	£106	1	£0.018	£253
	EMI	46	-£0.003	£138	51	£0.005	£99	34	£0.000	£122
	OA	178	£1.746	£111	157	£1.617	£109	130	£1.132	£118
	LD	186	£4.454	£223	202	£4.164	£377	206	£4.506	£402
	LD>65	4	£0.061	£212	9	£0.046	£156	7	£0.082	£184
	TOTAL	**444**	**£6.754**	**£293**	**445**	**£6.172**	**£267**		**400**	**£6.039**
Direct Payments	PD	267	£3.443	£284	280	£3.414	£285	253	£2.802	£282
	MH	44	£0.222	£60	60	£0.322	£106	52	£0.366	£154
	EMI	32	£0.173	£243	33	£0.478	£246	37	£0.511	£311
	OA	465	£4.616	£212	444	£4.371	£214	413	£4.192	£236
	LD	213	£2.446	£235	243	£2.913	£234	268	£2.829	£258
	LD>65	4	£0.030	£267	4	£0.024	£223	5	£0.020	£174
	TOTAL	**1,025**	**£10.931**	**£205**	**1,064**	**£11.522**	**£208**		**1,028**	**£10.720**

6.2.2 Whilst the numbers of service users fluctuate which is in part due to changes to the way in which people are counted or receive professional support within community teams, the financial analysis clearly shows that the number of people receiving a package of care has increased over the last four years. As set out in the introduction this trend is projected to continue.

6.2.3 Spend in Mental Health Social Care has seen dramatic increases in terms of increased numbers of people, increased cost of care package due to complexity of need, and an increase in terms of unit cost. Spend on residential care and supported living has seen the biggest growth against all other care types as shown above.

6.2.4 Additionally, the spend on care is not evenly distributed across age ranges, with a small number of very high cost placements for those aged between 20 and 25; and a growing number of people being placed in residential care who are aged over 55. For younger adults a focussed and intensive method of working to support recover and enable them to move on to more independent living is needed to avoid a life-time in residential care. For older adults (those aged 55-65), enablement is crucial to maximise independence to reduce the likelihood of this support being required into older age and increasing the care burden on the Council.

6.2.5 An Intensive Enablement Team is being created to address this particular care issue. This team will provide dedicated focus on intensive enablement for those in placements and with additional resource including social work, occupational therapy and peer support to deliver enablement plans with residential providers that increase move-on. This work will be directed by an in-depth audit of those in placements and set milestones for each person and their move-on potential. This audit will in turn drive the development of a business case which will set out the plan for reducing use of residential care and consider these factors:

- Resource required in the team: short, medium and longer-term
- A spend projection for the borough based on need and intensive move-on work
- The cost benefits analysis of integration with the BEHMT rehabilitation team who also work with people in placement and who have complex needs.
- Alignment with the Accommodation Commissioning Strategy

6.2.6 The Barnet Enablement Pathway aims to reduce demand and reliance on secondary care services and is an enabler to the savings programme for Adults within the MTFS in year 2016 and 2017. Delivery of placement savings linked to the intensive enablement team will be dependent on the

accommodation commissioning strategy which will develop sustainable alternatives to residential care. The analysis on spend indicates a saving of 350k each year from 2017 on the reduction admissions to residential care and a cost avoidance of 500k which is not cashable by managing the increased demand for mental health care through enablement.

6.3 Operational spend

6.3.1 The ongoing staffing costs will remain as they are with any changes in the workforce being managed through vacancies within the service. This will minimise the financial impact of the cost of implementing the BEP.

6.3.2 There is a cost to Adults and Communities and BEHMT in disaggregating current management structures, systems, and processes. This does not have a cash value and is a management opportunity cost.

6.3.3 There are costs associated with the change including programme management, workforce development and cultural change management costs. These will be funded through the transformation fund and off-set against future savings on the cost of care.

6.3.4 Social care staff will use Mosaic when it is implemented and this cost will need to be reflected in the mosaic programme.

6.3.5 The implementation of the BEP will not create disintegration with the mental health provider and where possible the aim is to maintain a degree of co-location. These costs are already budgeted within Adults and Communities.

6.3.6 The Network building is at capacity and due to be demolished and therefore an element of the implementation is to source appropriate estate for staff to operate from.

6.4 Cost Benefit Analysis

6.4.1 Impact on financial pressures on local authority

<u>Cost negative:</u>

- Set up costs of Local Enablement Teams
- Staff consultation and recruitment costs for new Consultant Social Worker and Peer Support Worker roles
- Reconfiguration of line management for Local Enablement Teams back to social services
- Cost of expansion of The Network premises and capacity from its current status

<u>Cost positive:</u>

- Delivery of commissioning intentions
- Delivery of public health strategy
- Benefits realisation from current pilot and established projects
- Reduction in overall residential home costs
- Shifting of mental health secondary care budgets to social care through nominal savings in secondary care resource use (aspirational – managed through renegotiation of s75 agreement).

6.4.2 Impact on local mental health provider

Based on a review of stakeholder feedback and assessment of the new proposed model, the following factors will apply:

Costs:

- Loss of team members from CMHTs into Local Enablement Teams - resulting in shifting some workload previously taken on by 'generic' social workers to health staff particularly a risk around CPA
- Reduction in access to specialist social work input and skills
- Reduction in line management of social work team moving to LETs

Benefits:

- Reduction in referrals through improved management of early detection & prevention of mental health conditions and therefore demands on secondary care resources
- Opportunity for 'step down' service users into Enablement programmes outside CMHTS
- Opportunity to focus health resources on more severely ill service users

7. Proposed Service Model

The key changes that result from the implementation of the BEP are:

7.1 Staffing

7.1.1 Line management of social care separate from BEHMT

This will deliver a greater focus on social care outcomes without losing the benefit of close working with BEHMT.

7.1.2 Withdrawal from CPA by Social Care staff

This will enable staff to move away from professional intervention being about monitoring and supervision to one focussing on choice, enablement and

intervention aiming for self-management, with the goal being "how can I support you to do this yourself?"

7.1.3 Changing roles of Social Care staff

The LETs will enable social work to intervene at the front door and to maximise each service users potential for community access and enablement at an early opportunity. Social work will reach into primary care and access to The Network will be direct. Service Users can self-refer to the LETs.

Investment in Peer Support and Assessment and Enablement roles at all aspects of the pathway to enable service user led intensive support and a continued focus on recovery and enablement. This will require different management support and approaches.

The Introduction of the Consultant Social Work role to provide professional leadership and to lead the links with family work and to provide particular expertise in key social work areas such as Approved Mental Health Professional practice and Safeguarding.

7.2 Development of the LETs and Hub model

7.2.1 Local Enablement Teams will lead the development and operation of the hub model for social care ensuring that enablement opportunities with partners (including service users) are maximised. This will mean different ways of working, working with new partners, and leading development work.

7.3 Development of Network Plus

7.3.1 Expansion of The Network to offer Network Plus, with the creation of a six week offer, a refresh of the enablement programme to account for new pathways and creation of the "top up" offer for those requiring brief interventions following completion of the enablement programme.

7.3.2 The Network to lead the development of new enablement initiatives which further promote self-management.

7.3.3 The Employment Strategy group has considered the additional investment of Employment Support within The Network and LETs. Options were considered including conversion of a social work role into Employment Specialist, additional investment within current services and developing existing roles further into the pathway. Given the benefits are not realised into social care and the need is for specialist work supporting the IPS (Intensive Placement Service), further investment from social care at this time was not a recommended option. Therefore the LETS will focus on ensuring integration with existing provision.

7.4 New Referral routes and processes

7.4.1 LETs will take referrals direct from the hub including self-referrals.

7.4.2 Introduction of Choice Appointment, Choice Meeting and Personal Profiles changing the way we think about access and planning for support.

7.4.3 Redesign of the pathway and focus on escalating interventions:

- Choice appointment
- Brief enablement offer
- Standard enablement offer
- Specialist support
- Intensive enablement

7.5 Proposed Staffing Model

Table 14: Staffing resources required to deliver proposed model

	FTE	Spinal Point		Budget (incl. on-costs)
		Min.	Max.	
Barnet Enablement Pathway				
Barnet Enablement Manager	1	46	49	£56,411
Total	**1**			**£56,411**
Community Team (aligned to BEHMT CMHT) and reaching out into three LETS				
Consultant Social Worker	3	42	45	£154,112
Senior Social Worker (AMHP)	11	33	42	£447,856
Early Intervention Social Worker	1	35	41	£42,663
Assessment and Enablement Officer	3	29	32	£108,647
Total	**18**			**£753,278**
Local Enablement Team delivering Network plus and reaching out through three hubs				
Community Network Manager	1	46	49	£56,411
Consultant Social Worker	1	42	45	£51,371
Business Support Manager	1	34	37	£41,826
Business Support Assistant	3	18	21	£77,082
Assessment and Enablement Officer	3	29	32	£108,647
Community Access Worker	3	25	28	£95,469
Social Worker	3	33	39	£122,143
Peer Support/AEO	1	29	32	£36,216
Total	**19**			**£709,255**
Intensive Enablement Team				
Consultant Social Worker	1	42	45	£51,371
Social Worker	5	33	39	£203,571
Assessment and Enablement Officer (Peer Support)	1	29	32	£36,216
Occupational Therapist	1	33	39	£40,714

	FTE	Spinal Point		Budget (incl. on-costs)
		Min.	Max.	
Total	**8**			**£331,871**
AMHP Service				
Consultant SW AMHP	1	46	49	£56,411
Social Worker	1	33	39	£40,714
Business Support Officer	1	18	21	£25,694
Total	**3**			**£122,819**
TOTAL	**46**			**£1,853,542**

7.6 The proposed staffing model has been costed at the current year's staffing cost and all changes to the skills mix have been created through changes to vacant posts. Recruitment to the staffing structure is a key enabler to reduce spend in Adult Social Care given the high use of agency staff within mental health services. Barnet has initiated a scheme in partnership with Think Ahead and BEHMT to recruit, train and then employ Trainee Graduate Social Workers. This scheme will commence in 2016 and those posts are funded for year 1 outside of these costs.

7.7 Activity

7.6.1 The following table sets out the expect demand and activity levels within the BEP. This has been modelled using demand data from the NMDS and Barnet's weighted mental health need, intelligence from the Care Act modelling for Barnet and the population impact set out in the JSNA.

Table 5: Expect demand and activity levels within the BEP

Area of Activity	Activity levels
Total possible referrals (weighted population secondary care)	5000
Total possible referrals carers	600
Numbers of choice appointment	1310
Choice Meeting number	1180
Up to 6 week Enablement package	1100
Network plus	770
Specialist Services (CMHT)	500
Safeguarding (IET and CMHT)	120
Reviews – community (CMHT)	145
Intensive Enablement Team	140
AMHP (assume 15 available AMHPS)	Capacity for 700–1000 assessment

7.6.2 The change is achievable within existing resources and with a programme of workforce development will deliver the following:

- Ensure joint working at all aspects of the pathway and with key partners
- Maximise existing staff resource to expand enablement offer
- Ensure safe management of safeguarding
- Deliver a more robust AMHP service with a full-time member of staff operating duty and safety of workers.
- Through the implementation plan deliver a safe plan of transition ensuring sound caseload transfer

8. Implementation

8.1 Programme Management

8.1.1 The Implementation of the BEP will be supported with dedicated programme support and managed within a programme approach to enable LBB and partners to develop sustainable integrated care that understands and meets the needs of people with mental health problems in Barnet.

8.2 The main objectives of the Programme

1. Embed the Barnet Enablement Pathway for the design and delivery of all current and future integrated health and social care services.
2. Embed in people a perception and expectation that people will live independently in their community, only using care services designed to protect and extend this if necessary.
3. Move as much activity as possible from acute, residential or nursing care to people self-managing their conditions and accessing services in the community.
4. Deliver integrated services which:
    a. Promote and support self-management, health and wellbeing in the community.
    b. Operate end-to-end across the pathway to respond quickly and to plan, deliver and track enablement focused care wherever possible.
5. Put in place operational infrastructures, workforce development, systems and working arrangements to facilitate integrated working to deliver the Barnet Enablement Pathway

8.3 Programme Governance

8.3.1 The BEP Coproduction Group will deliver the implementation plan set out below. This group has in place a communication and engagement plan to ensure robust participation from stakeholders and that particular groups have their needs addressed in specific ways. This group links with the Reimaging Mental Health but reports in through to the Commissioning Director for Adults and Health.

8.4 Key Milestones

8.4.1 Staff consultation will take place in November and December given the change of teams and line management for staff. There are no redundancies proposed in the structure and changes to the skills mix of the team will be managed through changes to vacant posts.

8.4.2 Co-production will continue through the autumn and spring to finalise the team structure and on-going discussion with BEHMT will take place concerning integrated teams, use of estate and pathways. Through this period the Section

75 will be reviewed and assessed to test its relevance for the new service model. The form of Partnership Agreement required which enables joint working, co-location and information-sharing within the CMHT will be assessed at this point.

8.4.3 Staff will be involved in task and finish groups to design processes and systems to support the model ready for adoption in March and April 2016.

8.4.4 Should this work progress as planned, the new service model will be in place from the 1st October 2016. As far as possible, the implementation will be aligned to the transformation work undertaken by the CCG and BEHMT to minimise impact on services users and staff. The implementation plan may also be adjusted to ensure adequate time for consultation and coproduction, although the plan has been developed these processes at its heart.

Table 16: Milestone plan for new service model delivery

Ref	Tasks/ Activities	Start	End
0	**Presentation & sign off of business case**	**16/09/15**	**16/09/15**
1	**Set up and definition of BEP model**	**30/09/15**	**30/09/15**
1.1	Set up working group	30/09/15	30/09/15
1.2	Activity modelling of new BEP pathway	08/10/15	14/1/16
1.3	Set out clearly integration and pathways: • Safeguarding • AMHP • Crisis • Intensive Enablement	14/10/15	14/2/16
1.4	Final modelling and stakeholder consultation	1/3/16	28/6/16
1.5	Process for safe caseload transfer set out	1/7/16	1/7/16
2	**Balanced Team implementation**	**01/10/15**	**01/02/16**
2.1	Set up balanced team working group	01/10/15	01/10/15
2.2	Define & test initial job descriptions and activity estimates	14/10/15	14/11/15
2.3	Go to Staff Consultation on proposed changes	14/11/15	14/1/16
2.4	Advertise and appoint to Consultant Social Worker role	14/2/16	14/04/16
3	**Reconfiguration of Network to LETs**	**01/10/15**	**01/04/15**
3.1	Set up network working group	01/10/15	01/10/15
3.2	Review capacity and current activities of the Network	14/10/15	14/11/15
3.3	Build specification for new LET capacity including physical estates, facilities (for assessment, training and therapy)	01/10/15	01/12/15
3.4	Consultant on changes to the Network buildings and function (including interface with housing and employment)	01/01/16	01/03/16
3.5	Scope and agree capacity source and provision for employment and housing expertise	01/10/15	01/12/15
3.6	Implement changes	01/04./16	
4	**Implement Staff and Management Changes**	**1/4/16**	**1/10/16**
4.1	Scope impact on posts document	1/11/15	14/11/15

Ref	Tasks/ Activities	Start	End
4.2	Staff consultation process	14/11/15	30/12/15
5	**Ensure Clear Systems, forms and process**	**01/12/15**	**01/07/16**
5.1	Choice appointment, choice meeting, personal profile	01/12/15	01/06/16
5.2	Configuration of Mosaic	01/12/15	01/03/16
5.3	AMHP referrals and activity	01/12/15	01/03/16
5.4	Configuration of CMHT with balanced team	01/12/15	01/07/16
5.5	Hub operation with partners	01/12/15	01/07/16
6	**Intensive Enablement Audit and Business Case**	**01/10/15**	**30/04/16**
6.1	Undertake audit of all placements and scope move-on potential	01/10/15	02/02/16
6.2	Develop case for staff investment	02/02/16	01/03/16
6.3	Implement staffing changes	01/04/16	30/04/16
7	**Design pathway and approach with family services**	01/11/15	01/03/16

9. Summary of Key Risks

9.1 Risk and Issues Categorisation

9.1.1 The risks and issues associated with the Barnet Enablement Pathway fall into four main areas:

1. **Implementation** risk due to resourcing issues creating delay, poor leadership and engagement taking longer than planned.

2. Risk associated with **managing cultural and organisational change** where the desired impact is not achieved to the level required or change is not at the intended pace

3. Risk associated with **partnerships** and in particular BEHMT where there is mutual dependence but managerial independence.

4. **Financial** risk where there are reductions in the staffing resource and inadequate capacity to deliver the service as scoped.

Table 17: Top Risks

The top risks have been identified with the following mitigation plan:

No.	Owner	Risk	Probability (L,M,H)	Impact (L,M,H)	Effect on Project	Risk Reduction Actions
1	Project lead	Delay on initiate project	Low	High	Unable to action objectives	Strong buy in and leadership from senior team
2	Project lead	Delays in consultation and agreement to staffing and team	M	H	Unable to transition remainder establishment to Network	Early agreement on CSW job description and appointments. Early identification of candidates for both CSW and other social worker roles Staff coproduction at all stages
3	Project lead	Delays in expanding footprint of the Network to accommodate Local Enablement Teams	H	M	Unable to relocate Social Workers out of CMHTs into the Local Enablement Teams	To review locations and capacity of the Network early with potential to locate suitable geographic venues to act as temporary accommodation to Local Enablement Teams
4	Project lead	Cost pressures leading to reduction in establishment numbers	M	H	Unable to deliver current Establishment Team model with estimated activity and service users to staff ratios	To identify establishment cost control strategy earlier to allow reworking of Local Establishment Team models
5	Project lead	Performance dashboard not developed for BEP	M	M	Unable to performance manage and therefore target BEP service improvements	Establish early agenda item around BEP performance including development of active performance dashboard

TBA

Appendix A – Proposed task breakdown

Proposed Task and Caseload Breakdown	LETS	Network	CMHT	IET	AMHP
Brief Enablement					
Choice Appointment	✓	✓	✓	✓	
Choice Meeting and Enablement plan	✓	✓	✓	✓	
Travel companion	✓	✓	✓	✓	
Involvement will not exceed six weeks	✓	✓			
Single professional support with evidence of intervention	✓	✓			
Brief enablement programme - courses, groups and one to one	✓	✓			
Housing support	✓	✓	✓	✓	
Employment support	✓	✓	✓	✓	
Welfare rights including benefits and debt	✓	✓	✓	✓	
Carer and family support	✓	✓	✓	✓	
Direct payments	✓	✓	✓	✓	
Small package of short breaks	✓	✓	✓	✓	
Community Access and support	✓	✓	✓	✓	
Signposting and access to self-management, community activities	✓	✓			
MDT working to maximise enablement including GP and IAPT	✓	✓			
WRAP	✓	✓			
Skill building	✓	✓			
Access to Peer Support/Champions	✓	✓			
Network Plus					
Choice meeting for full assessment	✓	✓	✓		
Low risk, long-standing case (may involve multiple agencies)	✓	✓	✓		
Requirement for ongoing adult services		✓	✓	✓	
Safeguarding	✓	✓	✓		
review of community care package and direct payments		✓	✓		
Crisis support		✓	✓		
Medium-term family support					
Specialist Support					
Complex casework			✓	✓	
Outcome focussed case management based on WRAP			✓	✓	
Safeguarding			✓		
117			✓	✓	
MH Act Assessment					✓
MCA					✓
Family and carer support			✓		
Social Supervision			✓		✓
Complex Crisis intervention			✓		
Ordinary Resident casework			✓		
Hospital Social work				✓	
Move-on and Residential review				✓	

This page is intentionally left blank

AGENDA ITEM 9

Adults & Safeguarding Committee

16 September 2015

Title	**Adults & Safeguarding Committee Work Programme**
Report of	Dawn Wakeling – Commissioning Director, Adults and Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Committee Forward Work Programme
Officer Contact Details	Anita O'Malley, Governance Team Leader Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The Committee is requested to consider and comment on the items included in the 2015/16 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 2015/16 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 {Why is this particular approach being recommended?}

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 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.

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 **Social Value**

5.3.1 N/A

5.4 **Legal and Constitutional References**

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

5.5 **Risk Management**

5.5.1 None in the context of this report.

5.6 **Equalities and Diversity**

5.6.1 None in the context of this report.

5.7 **Consultation and Engagement**

5.8 **Insight**

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

London Borough of Barnet Adults and Safeguarding Committee September 2015 - May 2016

Contact: Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk

Title of Report	Overview of decision	Report Of *(officer)*	Issue Type (Non key/Key/Urgent)
16 September 2015			
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15	Committee to receive the Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15.	Independent Chair, Barnet Safeguarding Adults Board Adults and Communities Director, Commissioning Director (Adults and Health)	**Non Key**
Mental Health Community Model Full Business Case	Committee to receive the Mental Health Community Model Full Business Case.	Adults and Communities Director, Commissioning Director (Adults and Health)	**Key**
12 November 2015			
Report on Adult Social Care Alternative Delivery Model project - Consultation and Early Findings / Strategic Outline Case	Committee to receive a report on Adult Social Care ADM project, including consultation and early findings/SOC.	Commissioning Director (Adults and Health)	
Commissioning Strategy for Supported Living	Committee to receive a commissioning strategy for supported living.	Commissioning Director (Adults and Health)	

Subject	Decision requested	Report Of	Contributing Officer(s)
Approach to Concerns Within the Regulated Care Market	At their meeting on 8 June 2015, the Committee received a report on the London Borough of Barnet's approach to concerns with providers in the regulated care market. The Committee requested to be provided with an update report in six months' time.	Assistant Director, Community and Well-being	
Business Planning for 2016/17	Committee to receive a report on Business Planning for 2016/17.	Commissioning Director (Adults and Health)	**Key**
Enablement Home Care Service Commissioning Strategy	Committee to receive a commissioning strategy for enablement	Commissioning Director (Adults and Health)	**Key**
19 January 2016			
Report on Adult Social Care Alternative Delivery Model project Outline Business Case	Committee to receive a report on Adult Social Care Alternative Delivery Model project Outline Business Case.	Commissioning Director (Adults and Health)	**Key**
Carers Strategy	Committee to receive a report on the Carers' Strategy.	Adults and Communities Director	**Key**
Implementation of Better Care Fund: Development of Integrated Locality Teams	Implementation of Better Care Fund: development of integrated locality teams.	Commissioning Director (Adults and Health)	**Key**

Subject	Decision requested	Report Of	Contributing Officer(s)
7 March 2016			
Items to be allocated			
Home care commissioning - outcomes based approach	Committee to receive a report on home care commissioning - outcomes based approach.	Commissioning Director (Adults and Health)	
Items to be allocated			
Home care commissioning - outcomes based approach	Committee to receive a report on home care commissioning - outcomes based approach.	Commissioning Director (Adults and Health)	