

MEETING**ADULTS AND SAFEGUARDING COMMITTEE****DATE AND TIME****THURSDAY 16TH JUNE, 2016****AT 7.00 PM****VENUE****COMMITTEE ROOM 1, 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

Councillor Paul Edwards	Councillor Dr Devra Kay	Councillor Reuben
Councillor Claire Farrier	Councillor David Longstaff	Thompstone
Councillor Helena Hart	Councillor Reema Patel	

Substitute Members

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

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for public questions and comments is Monday 13 June at 10AM. Requests must be submitted to Salar Rida, salar.rida@barnet.gov.uk 020 8359 7113.

You are requested to attend the above meeting for which an agenda is attached.
Andrew Charlwood – Head of Governance

Governance Service contact: Salar Rida 020 8359 7113 salar.rida@barnet.gov.uk
Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	1 - 6
2.	Absence of Members	
3.	Declarations of Members Disclosable Pecuniary Interests and Non-Pecuniary Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Members' Items (if any)	
a)	Member's Item - Councillor Patel	7 - 10
b)	Member's Item - Councillor Farrier	11 - 14
7.	Review of the Your Choice Barnet Contract	To Follow
8.	Opposition Motion in the name of Councillor Patel	15 - 20
9.	Telecare Enhancement	21 - 30
10.	Barnet Multi-Agency Safeguarding Adults Board Business Plan 2016-18	31 - 74
11.	Impact of the Care Act	75 - 88
12.	Committee Forward Work Programme	89 - 96
13.	Any other items that the Chairman decides are urgent	

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8359 7113 salar.rida@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.

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Decisions of the Adults and Safeguarding Committee

7 March 2016

Members present:-

AGENDA ITEM 1

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

Councillor Helena Hart
Councillor Paul Edwards
Councillor David Longstaff
Councillor Reema Patel

Councillor Reuben Thompstone
Councillor Dr Devra Kay
Councillor Claire Farrier

WELCOMES

The Chairman welcomed Councillor Paul Edwards and Councillor Dr Devra Kay to their first meeting as members of the Committee.

The Chairman also welcomed pupils from The Archer Academy, The Totteridge Academy and Queen Elizabeth Girls' School who attended part of the meeting as part of the Council's Democratic Engagement Programme.

1. MINUTES

The Committee

RESOLVED that the minutes of the meeting of 12 November 2015 be agreed as a correct record.

2. ABSENCE OF MEMBERS

None.

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

Councillor Reema Patel declared a non-pecuniary interest in relation to Agenda Items 9 (Adult Social Care Alternative Delivery Model project Outline Business Case) by virtue of being a member of Unison.

4. REPORT OF THE MONITORING OFFICER

None.

5. MEMBERS' ITEMS

None.

6. PUBLIC QUESTIONS AND COMMENTS

None.

7. UPDATED COMMISSIONING PLAN

The Chairman introduced the report which set out an addendum to the Adults and Safeguarding Commissioning Plan. The addendum presented updated targets for 2016/17 to the Plan which had been approved by the Committee at its meeting on 19 March 2015.

The Commissioning Priorities outlined in the addendum included a commitment to implement the new pan-London safeguarding procedures to ensure a consistent approach to safeguarding across London. Dawn Wakeling, Commissioning Director for Adults & Health, explained that the procedures had been updated to reflect the new requirements of the Care Act 2014, making adult safeguarding a statutory function. The Act also embedded the principles of making safeguarding personal, which has been developed across London local authorities. The pan-London safeguarding procedures had been launched in January and safeguarding boards across London, which included the police and NHS, were being asked to sign up to and adopt them locally.

The Council was looking to help people make themselves better whilst reducing the spend on sports and physical activity, which was now a large part of the Committee's portfolio. Ms Wakeling advised that the Policy and Resources Committee had agreed at its meeting on 16 December 2015 to enhance two of the Council's five leisure centres, namely Barnet Cophall and Church Farm. The current centres would remain open until the new ones opened in 2018, preventing a loss of facilities to residents.

The Chairman moved to the vote on the recommendation as set out in the report.

Votes were recorded as follows:

For	5
Against	0
Abstain	4

The Committee RESOLVED to approve the addendum to the Adults and Safeguarding Commissioning Plan for 2016/17 as set out in Appendix A to the report.

8. CONTRACT EXTENSION: MENTAL HEALTH DAY OPPORTUNITIES SERVICE

The Committee considered a report requesting the acceptance to extend the contract with Richmond Fellowship for Mental Health Day Opportunities for a further two years until 13 January 2018. The contract extension had been agreed using special provisions reserved for the Commissioning Director for Adults and Health in January 2016, and agreed by Policy and Resources Committee at its meeting on 16 February 2016.

Further to a comment from a member of the Committee, the Commissioning Director for Adults and Health agreed to send the Committee members a briefing note which would include feedback from service users.

The Chairman moved to the vote and the Committee unanimously

RESOLVED that Adults and Safeguarding Committee approve an extension of the contract with Richmond Fellowship for Mental Health Day Opportunities for a further two years until 13 January 2018 as provided for in the contract.

9. ADULT SOCIAL CARE ALTERNATIVE DELIVERY MODEL PROJECT OUTLINE BUSINESS CASE

At its meeting in November 2015, the Adults and Safeguarding Committee approved the approach to a proposed new operating model for adult social care (ASC) and agreed an approach to developing an outline business case for an alternative delivery model. The Committee now considered a report presenting the recommendations from the outline business case. From an initial set of six options, three had been shortlisted as best to deliver the cultural and process change needed to implement the new operating model, and also with the greatest potential to deliver financial savings and additional income.

The six options were:

- reforming and delivery the service in-house
- sharing services with public sector partner(s) such as local NHS organisations and/or other London Boroughs
- a partnership outside the public sector
- transferring the in-scope services to the Barnet Group, the Council's Local Authority Trading Company (LATC)
- establishing a public service mutual agreement, or
- do nothing.

Officers had applied the following appraisal criteria against each option:

- Is there appetite amongst potential partners to deliver this option?
- Can statutory ASC functions be delegated under this option?
- Could this option deliver the required cultural and process change?
- Could this option generate savings and/or additional income?
- Has the option been tested by other councils?

An initial evaluation of the alternative delivery models using the above criteria favoured three of the models be shortlisted and developed in greater detail, namely: a reformed in-house service; a shared service with the NHS; and a public service mutual.

The Committee agreed that in order to make the distinction between the delivery mode and the individual options to be considered, it would be referred to as the alternative delivery vehicle. The proposed new operating model would be subject to public consultation before the Committee consider a further developed business case at its meeting in September 2016.

Further to a query from the Committee, the legal officer advised that the report in September would include consultation responses, an equality analysis of the three shortlisted options, and an analysis of why officers recommended their favoured operating model. The consultation, although not statutory, would include stakeholders, service providers and service users. The legal officer also advised that consultation could include staff and staff representatives but that would be a matter for officers. There would be a separate consultation with staff where there would be changes to staffing.

The Committee agreed that the business case it would consider in September 2016 would also include information regarding staff members' pension arrangements under

each operating model, the level of savings and how the savings will be realised under each option, TUPE arrangements under each option, possible staff restructure and a comprehensive risk assessment of all three options.

Following discussion, Councillor Thompstone moved and Councillor Hart seconded that recommendation 1 of the report be amended to read as follows:

That the Adults and Safeguarding Committee approves the three shortlisted options for an alternative delivery model vehicle.

The motion was carried.

Following discussion, Councillor Davey moved and Councillor Longstaff seconded that recommendation 2 of the report be amended to read as follows:

That the Adult and Safeguarding Committee confirms its approval of the proposed new operating model subject to consultation and agrees to public consultation on the operating model and the three delivery model options vehicles, starting in spring 2016.

The motion was carried.

The Chairman moved to the vote and the Committee unanimously **RESOLVED that the Adults and Safeguarding Committee**

- 1. approve the three shortlisted options for an alternative delivery vehicle**
- 2. confirm its approval of the proposed new operating model subject to consultation and agrees to public consultation on the operating model and the three delivery vehicles, starting in spring 2016.**
- 3. approve the approach to developing a further business case that will present a single recommended alternative delivery model option to the Committee in September 2016.**

10. INDEPENDENT LIVING FUND TRANSFER

The Committee considered a report updating it on the outcome of care reviews further to the closure and management of the Independent Living Fund (ILF).

Since the committee had first considered the new ILF arrangements in April 2015, social care practitioners had undertaken a review of care needs of those individuals whose ILF was transferred to the Council. The reviews had focused on meeting care needs in accordance with the Care Act 2014, and individuals had since had a single personal budget from social care that incorporated all elements needed to meet their eligible needs.

The Chairman moved to the vote and the Committee unanimously **RESOLVED that the Adults and Safeguarding Committee note the report.**

11. IMPLEMENTATION OF BETTER CARE FUND: DEVELOPMENT OF INTEGRATED LOCALITY TEAMS

The Committee considered a report which set out how local integrated teams were being developed for older people and people with long term conditions in Barnet. These teams were developed as a response to the strategy to achieve an integrated health and care system as set out in the Health and Social Care Integration Business Case agreed by the Council in November 2014. This in turn formed the basis for the Better Care Fund Plan 2014-2016 approved by NHS England in January 2015.

The Chairman moved to the vote and the Committee unanimously **RESOLVED that the Adults and Safeguarding Committee**

- 1. note the progress to date in implementing integrated care;**
- 2. note the approach to mobilising integrated locality teams in Barnet.**

12. COMMITTEE FORWARD WORK PROGRAMME

The Governance Officer introduced the Committee's Forward Work Programme, as set out in the report.


The Chairman moved to the vote and the Committee unanimously **RESOLVED that the Committee note the Forward Work Programme.**

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 8.39 pm

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	<p>Adults and Safeguarding Committee</p> <p>16 June 2016</p>
<p style="text-align: center;">Title</p>	<p style="text-align: center;">Member’s Item – Councillor Patel</p>
<p style="text-align: center;">Report of</p>	<p>Head of Governance</p>
<p style="text-align: center;">Wards</p>	<p>All</p>
<p style="text-align: center;">Status</p>	<p>Public</p>
<p style="text-align: center;">Urgent</p>	<p>No</p>
<p style="text-align: center;">Key</p>	<p>No</p>
<p style="text-align: center;">Enclosures</p>	<p>None</p>
<p style="text-align: center;">Officer Contact Details</p>	<p>Anita O’Malley – Governance Team Leader anita.vukomanovic@barnet.gov.uk – 0208 359 7034</p>

<p>Summary</p>
<p>The report informs the Adults & Safeguarding Committee of a Member’s Item and requests instruction from the Committee.</p>

<p>Recommendations</p>
<p>1. The Adults and Safeguarding Committee’s instructions in relation to this Member’s item are requested.</p>

1. WHY THIS REPORT IS NEEDED

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

1.2 Performance issues in Adults Social Care

“The latest performance data presented at Performance & Contract Management Committee last month shows that 54% (8 indicators) of

Corporate Plan performance indicators for Adults & Safeguarding are either Amber (1 indicator / 7%) or Red (7 indicators / 47%), and that 48% (15 indicators) of Service delivery indicators in Adults & Communities are either Amber (1 indicator / 3%) or Red (14 indicators / 45%).

43% (6) of the Corporate Plan indicators are worsening with a negative direction of travel, and 46% (13) of the service delivery indicators are worsening with a negative direction of travel.

I request that the Commissioning Director reports back to the next Adults & Safeguarding Committee on the underlying issues impacting each of these performance indicators so that the committee can decide any course of action as necessary / appropriate.”

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

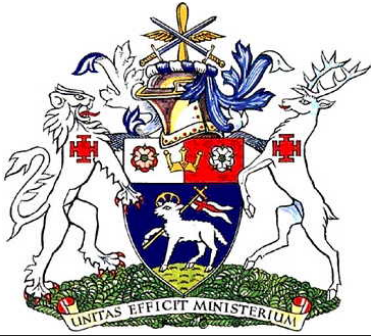
5.8.1 The process for receiving a Member's Item is set out in the Council's Constitution, as outlined in section 5.4 of this report. Member's will be requested to consider the item and determine any further action that they may wish in relation to the issues highlighted within the Member's Item.

6. BACKGROUND PAPERS

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

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AGENDA ITEM 6b

	<p>Adults and Safeguarding Committee</p> <p>16 June 2016</p>
<p style="text-align: right;">Title</p>	<p>Member’s Item – Councillor Farrier</p>
<p style="text-align: right;">Report of</p>	<p>Head of Governance</p>
<p style="text-align: right;">Wards</p>	<p>All</p>
<p style="text-align: right;">Status</p>	<p>Public</p>
<p style="text-align: right;">Urgent</p>	<p>No</p>
<p style="text-align: right;">Key</p>	<p>No</p>
<p style="text-align: right;">Enclosures</p>	<p>None</p>
<p style="text-align: right;">Officer Contact Details</p>	<p>Anita O’Malley – Governance Team Leader anita.vukomanovic@barnet.gov.uk – 0208 359 7034</p>

Summary
<p>The report informs the Adults & Safeguarding Committee of a Member’s Item and requests instruction from the Committee.</p>

Recommendations
<p>1. The Adults and Safeguarding Committee’s instructions in relation to this Member’s item are requested.</p>

1. WHY THIS REPORT IS NEEDED

1.1 Councillor Claire Farrier has requested that a Member’s Item be considered on the following matter:

1.2. Update on integration of Health & Social Care

“I request that the Adults & Safeguarding Committee receives an update on the integration of health and social care at its next meeting, including details

of any decisions in relation to Better Care spend on social care that have been taken at the Health & Well-being Board.”

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.

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Adults and Safeguarding Committee

16 June 2016

Title	Opposition Motion in the name of Cllr Reema Patel from Full Council: Supporting the Disabled to Live Independently
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita O'Malley, Governance Team Leader Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The report informs the Adults and Safeguarding Committee of a Motion which was reported to Full Council on 4 April 2016. In accordance with Council Procedure Rule 23.5, if a Member's Motion is not dealt with by the end of a Full Council meeting, it will be referred to the appropriate committee for consideration and any necessary action.

Recommendation

That the Adults and Safeguarding Committee's instructions are required in relation to this item.

1. WHY THIS REPORT IS NEEDED

1.1 On Monday 4 April 2016 Councillor Reema Patel submitted an Opposition Motion to Full Council as follows:

1.2 Supporting the Disabled To Live Independently:

Council notes that the Chancellor has delivered a Budget which is the least fair and least popular of all Budgets he has delivered according to a recent YouGov poll; prompting public backlash that has forced a U-turn on the issue of cuts to Personal Independence Payments (PIP), in a humiliating personal defeat for both himself and for the Conservative party.

Council notes that the Budget has reconfirmed the Conservatives as the 'nasty party', and has revealed so-called 'compassionate Conservatism' to be nothing more than 'smoke and mirrors'. The Chancellor's recent budget struck entirely the wrong balance – prioritising the interests of the wealthy and of corporations above the needs of some of the most vulnerable and disabled residents within our communities.

Council notes the comments of the recently resigned Secretary of State for Work and Pensions, Iain Duncan Smith, that:

- *the Chancellor's proposed cuts to disability personal independence payments (PIPs) are unfair*
- *the poorest and most vulnerable in our communities are bearing the brunt of the government's cuts to balance the budget*
- *the cap on welfare spending is "arbitrary"*
- *the government doesn't care about the impact of the cuts in welfare because it affects people who don't vote Conservative*
- *the cuts are falling disproportionately on working age benefits*
- *the Chancellor is obsessed with short term savings and isn't getting the balance right in the interests of social justice*
- *the presentation of the cuts to disability PIPs alongside tax cuts for companies and the rich was the last straw*
- *the government is undermining its 'one nation' credentials with the approach to welfare reform.*

Council notes that Iain Duncan Smith has also presided over six years of cuts to the poorest and most vulnerable in Barnet; and has been the chief architect of policies including the phasing out of Disability Living Allowance (DLA), successive cuts to Personal Independence Payment, cuts to ESA, the introduction of the Bedroom Tax and cuts to Working Tax Credits.

Council notes that cuts to disability support will have contributed to unmet need within the Borough as well as across the UK, adding pressure to an already strained social care budget.

Council notes that the Chancellor of the Exchequer has provided insufficient resource to local authorities to assist them to meet both the needs and pressures faced by social care budgets and that further marginalising the most disabled and most vulnerable in our communities is a false economy which fails to support the disabled to live independently in Barnet.

Council notes that to meet the government's deficit reduction targets they will need to find just under £8bn of savings by the end of the parliament, and we fear this will inevitably result in further cuts to local authorities and other public services.

Council therefore asks the Leader of the Council to write to the Chancellor of the Exchequer to call on him to review the budget to ensure fairness and that the burden of reducing the deficit falls on those who can afford it.

1.3 The Full Council Procedure Rules (rule 23.5), as outlined in the council's constitution, states that:

- If the Member's Motion is not dealt with by the end of the meeting, it will be referred to the appropriate Council Committee or sub-Committee for consideration and any necessary action.

1.4 The motion was not discussed or voted on at the Full Council meeting. Therefore the Adults and Safeguarding Committee is requested to consider the contents of the motion as set out in section 1.2 of this report and give instruction.

2. REASONS FOR RECOMMENDATIONS

2.1 No recommendations have been made. The Adults and Safeguarding Committee is therefore requested to give consideration to the motion 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 Any actions arising will need to be evaluated against the Corporate Plan and other relevant policies.

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Full Council Procedure Rules (23.5), as outlined in the council's constitution, states that:

If the Member's Motion is not dealt with by the end of the meeting, it will be referred to the appropriate Council Committee or sub-Committee for consideration and any necessary action. (However, if the proposer has specifically asked in his or her notice for the Motion to be voted on at that Council meeting it will be voted on without discussion).

5.3.2 Responsibility for Functions, Annex A, of the council's constitution provides the terms of reference of the committee. This section states that the committee has responsibility for promoting the best possible Adult Social Care services and ensuring that the council's safeguarding responsibilities are taken into account.

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

5.4 Risk Management

5.4.1 None in the context of this report.

5.5 Equalities and Diversity

5.5.1 All of these issues must be considered for their equalities and diversity implications.

5.6 Consultation and Engagement

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 Motion to Full Council, 04 April 2016:
<https://barnet.moderngov.co.uk/documents/s30969/Opposition%20Motion%20-%20Councillor%20Reema%20Patel.pdf>

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Adults and Safeguarding Committee
16 June 2016

Title	Telecare enhancement
Report of	Muyi Adekoya, Head of Joint Commissioning James Mass, Assistant Director Community and Wellbeing
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	None
Officer Contact Details	James Mass, Assistant Director, Adults & Communities james.mass@barnet.gov.uk 020 8359 4610

Summary

Evidence shows that telecare or assistive technology provides an opportunity to prevent escalation of care needs, provide assurance and reduce stress for carers, and maintain independence for people both living at home and in residential settings.

Our current telecare service, though stable and working adequately, is not fully embracing the scope and potential for telecare to become the norm and secure the range of positive outcomes and cost savings that our ambitions require.

This report recommends that an external provider be procured to rapidly increase the scale of telecare provision in Barnet, train and support staff to ensure that it becomes the norm, ensure that the latest technology and innovation is being utilised and maintain a reliable monitoring and support service.

The report also recommends that the current contract, which was awarded to Barnet Assist under Teckal exemption in August 2014, is extended to 31 March 2017 to ensure consistency of service until procurement of a new telecare provider.

Recommendations

- 1. That the Committee approve the procurement of a new telecare provider to expand the scale and ambition of the service in order to increase independence and social connection for current and future adult social care users and their carers.**
- 2. That the Committee approve the extension of the current contract with Barnet Assist, awarded in August 2014 to Barnet Assist under Teckal exemption, from 31 July 2016 to 31 March 2017. There is a clause in the current contract to allow for an extension of up to three years.**

1. WHY THIS REPORT IS NEEDED

Current situation

- 1.1 Telecare is a service that uses a combination of alarms, sensors and other equipment to help people live independently. This is done by monitoring activity changes over time and will raise a call for help in emergency situations, such as a fall, fire or a flood. Telecare therefore combines monitoring equipment with a monitoring service. A telecare user may activate their own alarm if they use a pendant. For those users with passive monitoring equipment, their behaviour patterns are monitored, and changes outside of their normal behavioural parameters are flagged for action (e.g. not getting out of bed at the usual time, exiting the house at night). This monitoring is intended to support people and enable them to continue living in their own home, independently or with the assistance of carers, for as long as possible.
- 1.2 The telecare service in Adults and Communities is stable and delivering a good service to its clients. The service is effective in the monitoring and installation of telecare equipment, however it is not trailblazing in its approach.
- 1.3 The Council currently holds a contract with Assist, part of the Barnet Group, for the provision and installation of telecare equipment and the monitoring of alarms and sensors. There are also two specialist telecare advisor posts within the Council who are experts in the field and provide high quality advice on suitable equipment to social care practitioners within their capacity.
- 1.4 The table below shows a breakdown of the 889 new telecare packages installed in 2015/16. Of these:
 - 45% of installations were for Lifeline pendant alarm only), 20% for additional telecare devices (e.g. bed and door sensors) and 35% for standalone devices.
 - 307 were standalone devices (connected to carers only) with 582 connected to the monitoring centre.

- Of the actively monitored devices, 103 were social care funded installations and 479 privately funded.

Funder	Telecare type	2015/16 total
LBB	Social service funded installations – Lifeline pendant alarm only	55
LBB	Social service installations - additional telecare devices e.g. bed sensors	48
Self-funders	Privately rented and purchased– Lifeline pendant alarm only	348
Self-funders	Privately rented and purchased - additional telecare devices e.g. bed sensors	131
	Installation Total (excluding standalone)	582
Both LBB and self-funders	Standalone installs (not connected to monitoring centre)	307
	Installation Total (including self-funders and standalone)	889

- 1.5 During 2015/16, there were 548 closures of telecare (including self-funders) and 86 existing social care clients had telecare added to their package.
- 1.6 A trial is currently underway, working with Your Choice Barnet, to install telecare equipment in supported living settings to make care less intrusive and enable greater social connection.
- 1.7 The current contract for Telecare, awarded to Barnet Assist in August 2014 under Teckal exemption, ends on 31 July 2016. There is a clause in the current contract allowing an extension of up to three years.

Ambition

- 1.8 The Adults and Safeguarding Committee’s Commissioning Plan includes the ambition that *“working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.”* It goes on to specify that this will in part be delivered by *“improved telecare provision, driven by advances in technology, [to] help people to care for themselves in their own homes”*.
- 1.9 To increase the scope, coverage and variety of the telecare services available to Barnet residents and their carers. Telecare should be the norm, considered as part of all types of prevention and care:
- Telecare should play a key role in **preventing** the escalation of need and promoting independence for adults with care and support needs.
 - Telecare should act as an enabler for **greater independence** at home and facilitate **social connection**. Specific applications can achieve this for individuals with dementia, learning disabilities and mental health issues.

Telecare also helps to provide assurance for carers, including those living separately from the person they care for.

- Telecare can facilitate greater independence and **less intrusive care** for people living in supported living facilities and residential care, as well as those living at home.

1.10 In the Commissioning Plan there are targets for 47% of all new support packages to include telecare by 2019/20. It is clear that our current service, though working well, will not enable us to meet these ambitions and ensure the best outcomes for the greatest number of service users.

2. REASONS FOR RECOMMENDATIONS

Background

2.1 The latest JSNA¹ states that Barnet is the largest Borough in London and is continuing to grow rapidly with large areas of regeneration, especially in the west of the Borough. The population of Barnet is, like most of the UK, ageing with the proportion of people aged over 65 forecast to grow up to three times as fast as the overall Barnet population.

2.2 With councils required to make further budget efficiencies, continuing to provide high quality, good value social care has become a key challenge. The goals of maximising independence and the ability to function as part of the community are continue to be valued in their own right. Therefore telecare, telehealth, and assistive technologies have an increasingly important role to play.

2.3 In addition, Barnet's 2016/17 Better Care Fund agreement summarises the case for change in relation to service provision in Barnet. Barnet's Health and Social Care Integration Business Case² is further supported by recent National publications in respect of care for older people which conveys the challenges faced across the United Kingdom. These challenges encompass huge increases in spend that are set to continue to rise if not addressed with a continuing evidenced decrease in the quality of the care delivered.

2.4 This is the position in Barnet as spend on unplanned admissions has increased significantly and identified as an outlier within the 'Right Care – Better Value Data Packs³' published in January 2016.

2.5 Nationally, the NHS's Five Year Forward View⁴ challenges providers to look to new models of care, creating accountable care systems where commissioners and providers come together to determine priorities and

¹ JSNA summary <https://www.barnet.gov.uk/citizen-home/council-and-democracy/council-and-community/maps-statistics-and-census-information/JSNA.htm>

² <https://barnet.moderngov.co.uk/documents/s18828/Appendix%201%20-%20Appendix%201%20Business%20Case%20for%20Barnet%20Health%20and%20Social%20Care%20Integration%20of%20Services.pdf>

³ <https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/lond-2016>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

assess need together. The approach below provides a summary of how assistive technology can be commissioned in Barnet in-line with the recommendations in the Five Year Forward View.

Approach

- 2.6 The proposed approach is to commission a provider to deliver the following managed service:
- Train LBB social care practitioners in order to improve general understanding of telecare and their ability to effectively refer clients
 - Receive referrals based on desired outcomes (rather than specific technology) with the provider identifying the best devices to meet those outcomes
 - Installation of telecare equipment
 - Monitoring of alarms and sensors
 - Urgent response
 - Working with supported living and residential providers to introduce telecare in these settings
 - Bringing innovation – including new equipment types and applications
 - Ensuring a robust benefit tracking process is in place to capture both improved outcomes and financial savings
- 2.7 Whilst the procurement will be led by Adults & Communities it will ensure that the service can be called upon by the new 0-25 disability service within Family Services and include the option for Barnet's National Health Service partners to buy in.
- 2.8 It is proposed that the contract length would be for 3 years with the option to extend for up to 2 years. The contract would include scope for the provider to support with future projects and developments if required as technology develops.
- 2.9 The Council would seek to procure a provider whose fee was dependent in part on the achievement of results and savings.
- 2.10 The Council is seeking to extend the current contract with Barnet Assist from 31 July 2016 to 31 March 2017 to ensure consistency of service until the new telecare provider is procured.

Benefits

For recipients

- 2.11 Greater access to telecare has the potential to increase independence through increasing assurance and reducing unnecessary care.
- 2.12 Telecare can support people to have a better quality of life and social contact through facilitating easy contact with friends, family, and the local community.

For carers

- 2.13 Better access to telecare can provide greater assurance that their relative or partner is safe and content, leading to reduced stress and improved quality of life.
- 2.14 Carers can also benefit from improved communication through telecare devices.

For the health and social care system

- 2.15 The Department for Health 'Three Million Lives' report indicated significant numbers of people can benefit from technology resulting in savings across health and social care.
- 2.16 There is evidence to show that telecare facilitates quicker hospital discharge, reduces unplanned hospital admissions and delays entry into residential care.⁵
- 2.17 For Barnet, this plan will enable us to achieve the aims of commissioning plan, and deliver savings of £500k in the Medium Term Financial Strategy.
- 2.18 It will also enable people in need of support to maintain their independence and health and wellbeing in their chosen home for as long as possible and slow down the movement to the next level of care need.

Financial case

- 2.19 Whilst further work is required to model and track the potential savings from an expanded telecare service in Barnet, there is good evidence that savings could be significant.
- 2.20 Best practice evidence from elsewhere suggests each telecare package for community based clients saves a net average of £847 per client year⁶.
- 2.21 Based on this approximate estimate, if 47% of our long term clients (approx. 2,668) got a telecare package (as per targets), this could save £1.1million.
- 2.22 Evidence from elsewhere shows a 26% reduction in case package costs for community based service users and 45% for residential care placements.⁷

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Expand Barnet Assist service without procurement

- 3.1 The contract with Barnet Assist is coming to an end, giving us the opportunity to look at procuring a broader service, for the reasons outlined above.

⁵ [Department of Health and Choose Independence: 'A review of the evidence base for Telecare'](#)

⁶ [Hampshire County Council](#)

⁷ [Department of Health and Choose Independence: 'A review of the evidence base for Telecare'](#)

Develop service in-house

- 3.2 Currently the Council does not have the expertise to expand the service in-house in the ways discussed above. Furthermore, there is a benefit in bringing in external energy and drive to help achieve these challenging ambitions.

4. POST DECISION IMPLEMENTATION

- 4.1 If the Committee agrees to the proposed recommendation a procurement exercise will be run utilising the Eastern Shires Purchasing Organisation (ESPO) procurement framework for telecare services.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Expanding the use of telecare has an important role in achieving the corporate priority of making health and social care services more personalised and supporting people to live longer in their own homes.

- 5.1.2 The corporate plan specifically mentions investment in telecare as part of achieving this aim. There is also the opportunity for both health and social care to use the same provider and service, supporting further integration.

- 5.1.3 Performance measures will be built into the contract to ensure these aims are being achieved.

- 5.1.4 Widening the ambition and use of telecare also supports the second overarching aim of the Joint Health and Wellbeing strategy 2015-2020, promoting independence, by supporting adults with care and support needs to remain in their own homes, feel safe and connected.

- 5.1.5 The Joint Strategic Needs Assessment describes the projected increase in demand for adult social care services, including a fast growing older population (85+ group will grow by 67% between now and 2030), growing numbers of adults with increasingly complex learning and physical disabilities, the highest number of people with dementia in London, and increasing demand for carers support. An improved telecare service will support with tackling some parts of this, especially supporting carers and promoting independence.

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

- 5.2.1 The current annual cost of the Barnet Assist service is £300k. As the usage of telecare increases the total budget spent will also increase. This will be funded from the reduction in other care purchasing budgets.

5.2.2 By procuring this service the Council will be in a much better position to achieve the £500k telecare savings target set-out within the Medium Term Financial Strategy. The Council's adult social care savings will come from reductions to packages of care in the community, supported living and residential care.

5.2.3 To ensure the contract has sufficient capacity to absorb health demand if partners choose to utilise this contract, an upper limit contract value of £10million is proposed over the possible five-year term.

5.2.4 The extension of the contract from 31 July 2016 to 31 March 2017 will add an additional £200k to the value of the contract. This spend has been factored into the 2016/2017 Adults and Communities budget.

5.3 Social Value

5.3.1 The proposed contract would directly secure benefits for adults with care and support needs in the borough and their carers.

5.4 Legal and Constitutional References

5.4.1 Improved provision of telecare and assistive technology will help us fulfil our statutory duty under the Care Act 2014 to prevent, reduce and delay need by promoting independence both in the community and residential settings. It will also help to fulfil the duty towards carers, including carers' wellbeing and preventing carer breakdown. This report is being taken to the Adults and Safeguarding Committee under Section 15 of the Constitution, which specifies responsibility for its functions, including to "authorise procurement activity within the remit of the Committee." and "promoting the best possible Adult Social Care services".

5.5 Risk Management

Risk	Probability	Impact	Score	Mitigation
Not enough high quality providers come forward	2	3	6	Unlikely – the ESPO framework includes a good number of credible providers in the market. Ensure advert put out with sufficient time for responses.
Provider doesn't deliver on contract requirements, including savings	2	3	6	Include clear performance measures linked to payment. Ensure strong contract monitoring in place including escalation processes

Staff don't engage with the service	2	3	6	Include requirement for ongoing staff training and communications in the contract
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5.6 Equalities and Diversity

5.6.1 A telecare service will have a positive impact on people with protected characteristics, namely supporting the independence of people with disabilities or age related frailty.

5.7 Consultation and Engagement

5.7.1 Not applicable

5.8 Insight

5.8.1 This proposal uses insight data from our current telecare service and examples from elsewhere of successful implementation.

6. BACKGROUND PAPERS

6.1 None

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	<p align="center">Adults and Safeguarding Committee 16th June 2016</p>
<p align="center">Title</p>	<p>Barnet Multi-Agency Safeguarding Adults Board Business Plan 2016-18</p>
<p align="center">Report of</p>	<p>Chris Miller, Independent Chair of the Safeguarding Adults Board Dawn Wakeling, Director of Adult Social Services (Adults and Health Commissioning Director)</p>
<p align="center">Wards</p>	<p>All</p>
<p align="center">Status</p>	<p>Public</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Key</p>	<p>Non Key</p>
<p align="center">Enclosures</p>	<p>Appendix 1: Safeguarding Adults Board Business Plan 2016-18</p>
<p align="center">Officer Contact Details</p>	<p>Emma Coles, Safeguarding Adults Board Project and Policy Officer e-mail: emma.coles@barnet.gov.uk Tel: 0208-359 5741</p>

Summary

The Barnet Safeguarding Adults Board (BSAB) is a statutory multi-agency group that meets four times a year and reports annually on its work. The Board was established in 2002 to ensure there is a multi-agency approach to safeguarding adults at risk of abuse within Barnet. Following the passing of the Care Act 2014, the Barnet Safeguarding Adults Board became a statutory body with a number of legally enforceable duties from April 2015.

The Board’s vision is for all adults at risk in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live.

For each financial year, the Safeguarding Adults Board must publish a strategic plan in accordance with Schedule 2 of the Care Act 2014. This plan must set out how it will achieve its statutory objectives and what each member will do to implement this. The

previous business plan covered the period 2014-2016. The Board have worked together to develop the new priorities and business plan 2016-2018.

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, the Board's Annual Report is noted by the Health and Wellbeing Board as well as each partners executive Board.

Recommendations

- 1. That the Committee notes the new Safeguarding Adults Board Business Plan for 2016-18, which is intended to ensure a continued, robust multi-agency approach to safeguarding adults in Barnet, with involvement from the Council, NHS Barnet, Clinical Commissioning Group (CCG), NHS Trusts, the Police and the Voluntary Sector.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Care Act 2014 (the Act)¹ places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1). The Barnet Safeguarding Board was established in 2002 and from 1 April 2015 it adopted the following terms of reference.
- 1.2 The statutory objective of the SAB, prescribed in Section 43(2) of the Act is to help and protect adults in its area (whether or not ordinarily resident there) who:
 - (a) Have needs for care and support (whether or not the local authority is meeting any of those needs),
 - (b) Are experiencing, or at risk of, abuse or neglect, and
 - (c) As a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.
- 1.3 The SAB must achieve this statutory objective by co-ordinating and ensuring the effectiveness of what each of its members does.
- 1.4 The SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving this statutory objective.
- 1.5 The Act prescribes membership of the Board and includes a range of key partners including the Local Authority that establishes the Board, the Clinical Commissioning Group, the Chief Officer of Police, any such persons prescribed in regulations and such other person which the Local Authority considers appropriate having consulted Board members.
- 1.6 For each financial year, the SAB must publish a strategic plan in accordance with Schedule 2 of the Act. BSAB refer to the strategic plan as the business

¹ The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

plan. This plan must set out how it will achieve the statutory objective and what each member will do to implement this. In preparing the strategic plan, the SAB must consult the local Healthwatch organisation for its area and involve the community in its local area. The plan should be evidence based and be informed and developed by all available evidence and intelligence from partners.

- 1.7 The SAB 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 business plan to their agency executive Board.
- 1.8 The previous business plan covered the period 2014-2016 and was signed off at the BSAB 21st April and the new business plan 2016-2018 was agreed.
- 1.9 A SAB is required by the Care Act 2014 to monitor and evaluate its performance and that of its members in terms of achieving its objectives and implementing its strategic plan. SABs should also monitor and evaluate their own performance in meeting governance procedures and processes and their members' own internal safeguarding activity through an audit process.
- 1.10 The BSAB held a Challenge and Support Event 4th April, which followed a similar format to the Section 11 audit process for the Children's Safeguarding Board. The BSAB statutory partners along with the fire brigade completed a self-assessment tool and the event provided an opportunity for each partner to highlight what they have achieved through the year and for partners to ask questions and offer some challenge as well as providing positive feedback. The outcomes of the event fed into the SAB's business plan 2016-18 including the additions of a holistic approach to dealing with pressure ulcers to include multi-agency training and raising awareness, hate crime and disability training for the police and the communication of mental health issues across the partnership. It also confirmed that the inclusion within the business plan of increasing the use of advocates, implementing Making Safeguarding Personal across the partnership and a multi-agency approach to self-neglect/hoarding were areas that required greater focus and effort. The outcomes of the audit will contribute to the BSAB Annual Report and the safeguarding work of each of the partners to develop any areas for improvement and build on strengths.
- 1.11 In September 2015, BSAB Members and the Service Users Forum were asked for their top 6 priorities for the next SAB business plan 2016-18. These priorities were collated and presented at a development day in December 2015 which all the SAB members were invited to attend, the priorities were also presented to the Service Users Forum who were provided with the opportunity to comment and develop the priorities. From this five priorities for the next two years (2016-2018) were agreed:

1. Personalisation

The BSAB have adopted the Government's core principles set out in the statutory guidance of the Act on safeguarding adults at risk: empowerment, prevention, proportionality, protection, partnership and accountability. Making Safeguarding Personal is a social care practice model enshrined in the statutory guidance which supports translating those principles into effective practice, creating a person centred approach to safeguarding. This priority will also include the work required to implement the revised Pan London Safeguarding Policy and Procedures.

2. Development and Implementation of an Adult Multi Agency Safeguarding Hub (MASH)

An Adult MASH would provide a single multi-agency pathway for reporting concerns; as well as triage and multi-agency assessment of safeguarding concerns in respect of adults at risk. It would bring together professionals from a range of agencies into an integrated multi-agency team.

3. Access to Justice

This priority aims to improve the access to justice for adults at risk. The Board aims to ensure that adults at risk know how they can report crime with confidence that the process will aim to gain the best outcome for the victim.

4. Pressure Care and Pressure Ulcers

Pressure ulcers can be an indicator of poor care or neglect. However, skin damage has a number of causes, some relating to the individual person, such as medical conditions and others relating to external factors such as poor care, ineffective Multi-Disciplinary Team working and lack of appropriate resources. A multi-agency protocol has been developed which aims to support decisions about appropriate responses to pressure ulcer care and whether concerns need to be managed through the safeguarding process. This priority aims to embed the protocol across the identified roles and organisations. Current practice will be base-lined and at the end of year one the impact of implementing the protocol will be reviewed and areas for improvement identified.

5. Domestic Abuse

A proportion of safeguarding work relates to abuse or neglect of people with care and support needs who are living in their own homes. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. It is important to recognise that some adults with care and support needs can themselves be domestically abusive and that this can be hidden, or go unrecognised, by family members or professionals. The BSAB has worked closely with the Domestic Violence and Domestic Violence Against Girls (VAWG) Board to ensure that there is a joined up approach so that

practitioners understand the links between domestic abuse and safeguarding.

1.12 There is an action plan for each of the five priorities where the Board has set out the:

- Objectives
- Underpinning activities
- How we will evidence improvement in performance
- Board leads

1.13 Each action plan has a strategic lead who will manage a sub group to deliver the action plan. Within that delivery there will be Task and Finish Groups at certain points to deliver different aspects of the plan over the 2 year period, reporting back to the BSAB on progress at its quarterly meetings and at the end of the year in the Board's Annual Report.

2. REASONS FOR RECOMMENDATIONS

2.1 The Safeguarding Adults Board Business Plan 2016-18 outlines the priorities which are being addressed by the Barnet Safeguarding Adults Board for 2016-18.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The development and publication of the BSAB business plan is a statutory requirement.

4. POST DECISION IMPLEMENTATION

4.1 The Barnet Safeguarding Adults Board Business Plan is a public document which can be accessed through the Council's website.

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 The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards 2014 (DoLS) serve to support the corporate objectives specifically, that Barnet is a place where people can further their quality of life and one of the BSABs actions, 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 within the London Borough of Barnet.

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

5.2.1 There are no additional resource implications arising from the recommendations of this report. The activities listed will be managed within the appropriate organisation's existing budgets.

5.2.2 Safeguarding training is currently provided by the Council's Adults and Communities Delivery Unit and this training is mandatory for all Adults and Communities staff. Safeguarding training is also offered to all care 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 BSAB is £72,261, which covers the post of Independent Chair and Safeguarding Adults Policy and Project Officer as well as the delivery of the Board priorities including training and communications. Each partner has been asked to provide a contribution towards Board costs; so far the following contributions have been agreed:

Statutory Partner	Contribution
London Borough of Barnet	£51,761
Barnet Clinical Commissioning Group	£10,000
Barnet Enfield Haringey Mental Health Trust	£5,000
Metropolitan Police	£5,000
Non-statutory Partner	Contribution
London Fire Brigade	£500

5.3 Social Value

5.3.1 The BSAB supports the Public Services (Social Value) Act 2012 by ensuring

that robust safeguarding procedures are in place throughout the borough. The Council ensures that care 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 The Care Act 2014 (the Act)² places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1).

5.4.2 For each financial year, the SAB must publish a strategic plan in accordance with Schedule 2 of the Act. The plan will be published on the Council's website.

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 adult social care include the following specific function:

- Promoting the best possible Adult Social Care services.
- 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

5.5.3 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

5.6.3 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

² The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

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.

5.6.4 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

5.6.5 When developing the business plan due regard was given to equalities and the impact the plan may have and an initial Equality Impact Assessment (EIA) was carried out. Having reviewed the EIA the plan should positively impact adults at risk that live within the Borough as well as carers that look after them.

5.6.6 The plan aims to ensure that adults at risk are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

5.6.7 The Care Act Guidance identifies discriminatory abuse as a specific form of abuse which includes harassment because of race, gender, gender identity, age, disability, sexual orientation or religion

5.7 Consultation and Engagement

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

5.7.2 The SAB has a statutory obligation to consult the local Healthwatch organisation for its area and involve the community in its local area. Healthwatch are members of the BSAB and were consulted on the development of the priorities and action plans. The BSAB has established a Safeguarding Adults Service User Forum which ensures that the voice of service users remain central to our safeguarding work. The forum was provided with the opportunity to develop and later comment on the development of the priorities.

5.8 Insight

5.8.1 The business plan was developed using insight from the Joint Strategic Needs Assessment, Barnet Council's Corporate Plan and Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse.

6 BACKGROUND PAPERS
6.1 No background papers

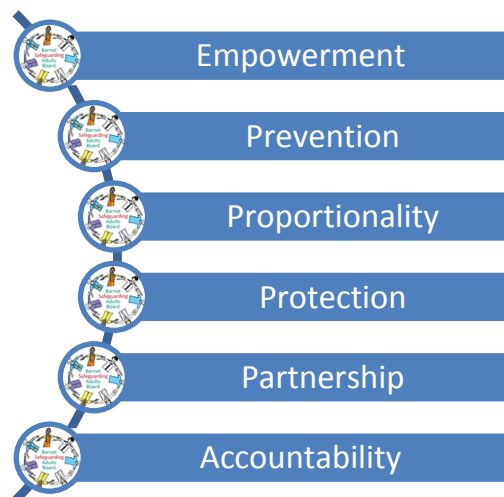
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Barnet Safeguarding Adults Board

Business Plan

2016-2018



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3. Our Strategic Priorities
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5. Priority 2 – Adult Multi-Agency Safeguarding Hub (MASH)
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8. Priority 5 – Domestic Abuse
9. How we will evidence improvement in performance

Appendix 1 – How we identified our priorities

Appendix 2 – BSAB Budget 2016-2018

1. Introduction

Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect.*' (Care and Support statutory guidance, chapter 14ii). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

An Adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

The [Care Act 2014 \(the Act\)](#) places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1). The Barnet Safeguarding Board was established in 2002 and from 1 April 2015 it adopted these terms of reference.

The statutory objective of the SAB, prescribed in Section 43(2) of the Act is to help and protect adults in its area (whether or not ordinarily resident there) who:

- (a) Have needs for care and support (whether or not the local authority is meeting any of those needs),
- (b) Are experiencing, or at risk of, abuse or neglect, and
- (c) As a result of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

The SAB must achieve this statutory objective by co-ordinating and ensuring the effectiveness of what each of its members does.

The SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving this statutory objective.

The Act prescribes membership of the Board and includes a range of key partners including the Local Authority that establishes the Board, the Clinical Commissioning Group, the Chief Officer of Police, any such persons prescribed in regulations and such other person which the Local Authority considers appropriate having consulted Board members.

The SAB must conduct Safeguarding Adults Reviews (SARs) in accordance with Section 44 of the Act.

For each financial year, the SAB must publish a strategic plan in accordance with Schedule 2 of the Act. This plan must set out how it will achieve the statutory objective and what each member will do to implement this. In preparing the strategic plan, the SAB must consult the local Healthwatch organisation for its area and involve the community in its local area. The plan should be evidence

based and be informed and developed by all available evidence and intelligence from partners.

As soon as feasible after the end of the financial year, the SAB is required to publish an annual report in accordance with Schedule 2. This must report on what the SAB has done during the year to achieve its objectives. It must also set out the findings of the SARs which have concluded in that financial year (whether or not they began in that year), what it has done to implement the findings and if it decides during the year not to implement a finding the reasons for the decision. The SAB must send a copy of the annual report to the Chief Executive and Leader of the Council, the local policing body for the area, the local Healthwatch organisation and the Chairman of the Health and Wellbeing Board. The Health and Wellbeing Board share responsibility for promoting joint working and co-operation between partners to improve the wellbeing and safety of adults in Barnet with support and care needs.

Who lives in Barnet?

Barnet is the largest Borough in London by population and is continuing to grow. The most recent population projections indicate that the population of Barnet will be 367,265 by the end of 2015. The overall population of Barnet will increase by 13.7% between 2015 and 2030, taking the population to 417,573.

The over-65 population is forecast to grow three times faster than the overall population between 2015 and 2030, and the rate increases more in successive age bands. For instance, the 65+ population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.6%.

Currently, the significant majority of older residents own their own home and use the equity they have built up to fund the care they may need later in life. Over the coming years a declining proportion of the growing older population will own their own home, having important implications for how the health and care system works and is paid for in the Borough.

Social isolation is an important driver of demand for health and care services. In Barnet social isolation is associated with areas of higher affluence and lower population density, as people in these areas tend to have weaker, less established community and family networks locally.

Barnet has a very low proportion of people with learning disabilities and mental health conditions in employment compared with similar Boroughs. Overall rates of individual mental health problems are higher in Barnet than London and England; the rate of detention for a mental health condition is significantly higher than the London or England averages. Barnet has more than 100 care homes, with the highest number of residential beds in London, leading to a significant net import of residents with health needs moving to Barnet from other areas.

As more young people with complex needs survive into adulthood, there is a national and local drive to help them to live as independently and within the community as possible. This places significant pressure on ensuring that the right services such as appropriate housing and support needs are available to meet

their requirements. There is a significant shift in the way in which support is delivered with more people choosing to remain at home for a longer period of time. This requires effective, targeted, local based provision.

In 2011 there were 32,256 residents who classified themselves as a carer in Barnet. The 25-49 year old age group had the largest number of carers (12,746). Carers have the potential to make significant savings to health and social care services each year. However, on average carers are more likely to report having poor health than non-carers, especially amongst carers who deliver in excess of 50 hours of care per week. Demand for carers is projected to grow with the increase in life expectancy, the increase in people living with a disability needing care and with the changes to community based support services.

Barnet has a higher population of people with dementia than many London Boroughs and the highest number of care home places registered for dementia per 100 population aged 65 and over in London. By 2021, the number of people with dementia in Barnet is expected to increase by 24% compared with a London-wide figure of 19%.¹

Equality Impact Assessment

When developing the business plan due regard was given to equalities and the impact the plan may have. Looking at the Joint Strategic Needs Assessment the plan should positively impact adults at risk that live within the Borough as well as carers that look after them.

An adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect. The plan aims to ensure that adults at risk are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- Able easily to get the support, protection and services that they need.

¹ Barnet Joint Strategic Needs Assessment

2. Vision, Mission and Principles – Safeguarding Adults in Barnet

Our vision is for all adults at risk in Barnet to be safeguarded from abuse and neglect in a way that supports them to make choices and have control about how they want to live.

Our mission is to:

- Develop prevention strategies and provide effective responses to abuse and neglect by having clarity on roles and responsibilities
- Develop a personalised approach that enables safeguarding to be done with, not to, people
- Raise public awareness so that our communities can play a role in preventing, identifying and responding to abuse and neglect
- Providing clear and simple accessible information to residents (on what abuse and neglect is and how to seek help)
- Support and examine the underlying causes of abuse and neglect
- Through our learning and improvement framework we will support the development of a positive learning environment across our multi-agency partnership
- Our co-ordinated approach to prevention will secure better access to community resources such as accessible leisure facilities, safe town centres and community groups to help reduce social and physical isolation

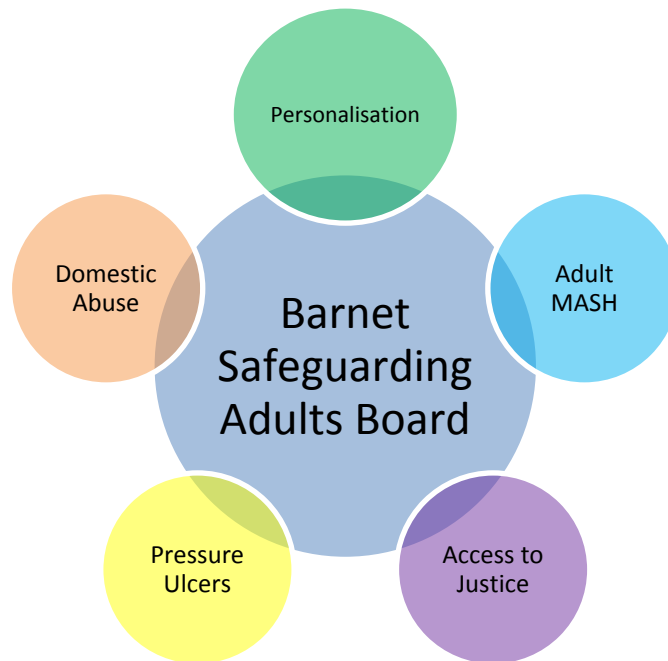
Our Principles:

BSAB have signed up to the Government's core principles set out in their policy on safeguarding vulnerable adults to help us examine and improve our local arrangements:

- **Empowerment** – people being supported and encouraged to make their own decisions and informed consent
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – the least intrusive response appropriate to the risk presented
- **Protection** – support and representation for those in greatest need
- **Partnership** – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** and **transparency** in delivering safeguarding

3. Our Strategic Priorities

The Business Plan sets out five new priorities which the Board will focus on over the next two years. See Appendix 1 to see how we developed our priorities.



For each of the five priorities we have set out the:

- Objectives
- Underpinning activities
- How we will evidence improvement in performance
- Board leads

The actions in this plan will be taken forward by priority sub-groups that will report progress to the SAB at its quarterly meetings and at the end of the year in the Board's Annual Report.

4. Priority 1 - Personalisation

BSAB have signed up to the Government's core principles set out in their policy on safeguarding adults at risk: empowerment, prevention, proportionality, protection, partnership and accountability. Making Safeguarding Personal supports translating those principles into effective practice.

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.² You also have to keep in mind that people's wishes may change along the way. People sometimes want more than one outcome and these are frequently hard to reconcile; they often relate to both wanting to be safe and wanting to maintain unsafe relationships.

The Local Government Association Making Safeguarding Personal 2014/15 Evaluation Report recommended that:

1. Safeguarding adults boards (SABs) should ensure strong multi-agency commitment to MSP. SAB members should consider the implications of MSP for their organisation in terms of culture change and learning needs. Adult social care colleagues should be supported to communicate MSP effectively to multi-agency partners, with the backing of the SAB.
2. Consider how using MSP could lead to a more productive relationship around safeguarding with providers and other local partners. Ensure MSP is flexible enough locally to address matters raised by local partners, such as allegations of institutional abuse.

Self-neglect

There is no single operational definition of self-neglect however, the Act makes clear it comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself. The Department of Health (2014), defines it as, '*.. a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding*'.

Skills for Care provided a [framework for research into self-neglect](#) identifying three distinct areas that are characteristic of self-neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well-being;
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g., health or fire risks caused by hoarding);

² Making Safeguarding Personal: Guide 2014, Local Government Association

- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. Self-neglect is an issue that affects people from all backgrounds. Hoarding does not fall under adult safeguarding but might be considered as safeguarding in the wider sense under the umbrella of prevention which is in the remit of the Safeguarding Adults Board.

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single agency response with particular reference to housing providers. It is important to recognise that assessments of self-neglect and hoarding are grounded in, and influenced by, personal, social and cultural values and staff working with the person at risk should always reflect on how their own values might affect their judgement. Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention.

A significant element of self-neglect and hoarding is the risk that these behaviours pose to others. This might include members of the public, family members or professionals. Partnerships may wish to invest in agreeing local procedures with the involvement of carers and service users.³

Revised Pan London Safeguarding Policy and Procedures

The SAB have agreed to adopt the revised Pan London Safeguarding Adults Policy and Procedures. This priority will include the work required to ensure working practices are updated to reflect the new policy and procedures across the partnership.

³ Revised London Multi-Agency Adult Safeguarding Policy & Procedures – Dec 2015

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
1.1	Partnership Empowerment	Ensure all partners have the adult at risk and the outcome they seek as the primary driver to the approach to safeguarding	<p>Re-affirm and communicate the SAB policy statement on the voice of the adult</p> <p>Refresh training programme and recording templates in line with the policy statement</p> <p>Communication plan for new templates</p>	JD	<p>The number and percentage of people referred for services who define the outcomes they want (or outcomes that are defined through Best Interest Assessments or with representatives or advocates if people lack capacity or have substantial difficulty in understanding)</p> <p>The number and percentage of people whose expressed outcomes are fully or partly met</p>	March 2018
1.2	Accountability	Consult and act on what users and family carers tell us are the safeguarding issues in personalisation	<p>Develop 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</p> <p>Baseline the number of user experience interviews and who has completed them</p> <p>Include summary of outcomes in the Safeguarding Adult Board annual report</p>	SS	<p>Increased number of user experience interviews from people who lack capacity, carers, care providers etc</p> <p>Included in the SAB annual report</p>	September 2016
1.3	Protection Proportionality	Ensure the service users	Baseline the number of	SS	Increase the number of people	

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		are able to manage risks on the basis of informed decision making and ensure that those who require protection are protected within existing legal frameworks	<p>people using advocates</p> <p>Review current process and communication of how to access Peer support advocates</p> <p>Review resources available for the use of advocates and is there sufficient for implementation of plan</p> <p>Develop and implement communication plan to increase uptake of advocates:</p> <ul style="list-style-type: none"> - Provide guidance to professionals - Provide guidance to brokers - Advertise the advocacy service to users 		using advocates	
1.4	Partnership	Understand what personalisation means for each partner and the related safeguarding issues	Review policy and processes and adapt where necessary	JD	Evidence policy and procedures are amended accordingly Report back to SAB	Review September 2016
1.5	Partnership	Improve the understanding of service providers of the Mental	Incorporate into the Learning & Development plan for SAB	L&D sub-group	Improved quality of referrals Evidence principles have been	

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		Capacity Act 2005 and Deprivation of Liberty Safeguards 2014			applied Numbers attending training courses	
1.6	Prevention Protection	Develop a multi-agency risk assessment for self-neglect that includes the views of the adults and their personal network	<p>Review the as-is – what risk processes do we already have in place across the partnership, what do they cover and where are the gaps</p> <p>Develop a multi-agency self-neglect risk assessment that covers:</p> <ul style="list-style-type: none"> ▪ Capacity and consent; ▪ Indications of mental health issues; ▪ The level of risk to the persons physical health; ▪ The level of risk to their overall wellbeing; ▪ Effects on other people's health and wellbeing; ▪ Serious risk of fire; ▪ Serious environmental risk e.g. destruction or partial destruction of 	TG-S/SL	Risk assessment process in place	<p>August 2016</p> <p>Review December 2016</p>

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
1.7	Partnership	Safeguarding adults training for all practitioners and Safeguarding Adults Managers to ensure that the principle of always hearing the voice of the adult at risk directly involved in investigations, and the need to meet with service user without the alleged abuser being present, is embedded in training. Training to include practical tools to enable appropriately assertive practice to manage conflict and aggression, family carers/preventing access to adult at risk, and where family/friends may be intimidated into condoning the situation (DB DHR Rec 5)	accommodation - Safeguarding training to be adapted to address this recommendation	L&D Sub-group	The voice of the victim is heard in safety and in confidence, free from intimidation or fear	September 2016
1.8	Partnership Empowerment	Updating the 'Say no to abuse' leaflet and 'what happens after you report abuse leaflet'	- Working group to amend leaflets in light of new policy and procedures - Update art work	Safeguarding Adults Service Users Forum	- No leaflets published and distributed	October 2016
1.9	Partnership	Review documentation	- Identify changes	SAB	- Documentation compliant	September

1. Personalisation Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		in light of revised Pan London Policy and Procedures	to policy and procedures - Update relevant documentation accordingly		with new policy and procedures	2016

5. Priority 2 - Adult Multi-Agency Safeguarding Hub (MASH)

The BSAB have agreed that a clearer pathway for reporting concerns regarding adults at risk is required and that an Adult MASH would provide this. There is already a Children's MASH in Barnet. A MASH would provide triage and multi-agency assessment of safeguarding concerns in respect of adults at risk. It would bring together professionals from a range of agencies into an integrated multi-agency team. The MASH team would make initial multi-agency assessments of risk and decisions about appropriate and proportionate responses in line with the London Policy and Procedures which would aim to safeguard adults at risk in Barnet. Quicker response times, a coordinated approach and better informed decision making ensures that adult at risks are protected.

The MASH team would share information from every agency to decide the most appropriate intervention in response to the person's identified needs. This ensures that adults at risks are responded to quickly and efficiently by the most appropriate professional.

This would be an improvement on the current pathway which is more fragmented in its approach. There is a risk that not everyone holds the same information, duplication of effort by being screened by more than one agency. This would improve the sharing of information and common understanding of risk and improve response times to ensure people are better safeguarded.

2. Adult Multi-Agency Safeguarding Hub (MASH) Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
2.1	Partnership	Develop a business case for the options available for an Adult MASH in Barnet	<ul style="list-style-type: none"> - Review options for Adult MASH Considerations: <ul style="list-style-type: none"> - Resource commitment from partners - Accommodation for MASH - Technical solutions to share information - Define roles within MASH Submit business case with recommendations for approval	TBC	Agreed business case to progress Adult MASH in Barnet	October 2016
2.2	Partnership	Develop and agree Information Sharing Protocol	<ul style="list-style-type: none"> - Review what information sharing is currently in place - Define what information is required to share and in what format - Develop protocol based on agreed information and terms for sharing data - All partners sign off protocol 	TBC	Agreed information sharing agreement across all partners	31 st March 2017
2.3	Protection Partnership	Implement Adult MASH	<ul style="list-style-type: none"> - Develop project plan - Set up Project Board and associated 	TBC	A single point of contact for all professionals to report safeguarding concerns	31 st March 2018

2. Adult Multi-Agency Safeguarding Hub (MASH) Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
			<ul style="list-style-type: none"> documentation - Set up working groups 		through an implemented Adult MASH working effectively across the borough	
2.4	Protection	Embed police risk assessment process for identifying adults at risk	<ul style="list-style-type: none"> - Review current vulnerability risk RAG assessment process for Merlin referrals and ensure that it is fit for purpose and being implemented appropriately to ensure adults at risk appropriately identified - Review training provision for risk assessment and understanding of differences with adults at risk 	PL	Increased number of appropriate Merlin referrals of adults at risk by the Police	TBC

6. Priority 3 – Access to Justice

Through this theme the SAB aim to improve the access to justice for adult at risks, especially with regards to Disability Hate crime. To ensure that adult at risks know how they can report a crime with confidence that the process will aim to gain the best outcome for the victim. As a partnership we are clear of the procedures that need to be followed to ensure that when a crime is reported the chance of a conviction is maximised through training key roles and working more closely with the Crown Prosecution Service (CPS).

The Care Act (2014) says that an independent advocate **must** be engaged if a person's needs mean they may have difficulty taking part in such decisions or difficulty in understanding.

Following a review of the operation of Third Party reporting sites by the Safeguarding Adults Board The review has confirmed that there is widespread under-reporting. In July 2014 the police reported to the SAB there had been only 1 report of disability hate crime investigated in the past year. The engagement activities of the review revealed that disabled people experience crime and significant levels of Hate Crime incidents that need to be recorded. The response by disabled people included a marked scepticism that reporting would not make any difference and so was not worth it. Often disabled people didn't know what disability hate crime was, how to report it and were afraid of the repercussions of reporting it. The recommendations from this review have been included in the action plan.

3. Access to Justice Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
3.1	Protection Empowerment	Ensure clear defined processes for adults at risk reporting crimes and they feel more able to report abuse	<ul style="list-style-type: none"> - Identify what processes are currently in place - Identify and develop simple pathways for reporting crimes working with partners and adults at risk. Supported by revised paperwork and a range of options for people to make a report e.g. directly to the Police, Third Party Reporting sites, telephone, online (apps etc) - Support to report via a crime reporting site 	Access to Justice TFG	<p>More adults at risk reporting crime</p> <p>Reduce the number of adults at risk victims of crime</p> <p>Increased victim and witness support</p> <p>Increased prosecutions</p> <p>Increased use of civil remedies</p> <p>Increased victim support and witness support</p> <p>Action taken against paid staff and regulated providers who abuse</p> <p>Reporting crime site</p>	TBC
3.2	Protection	<p>Ensure adults at risk in Barnet know how to report crimes</p> <p>Create a culture where adult at risks/residents are able to report crimes</p>	<ul style="list-style-type: none"> - Identify what information needs to be communicated and in what format - Identify the most effective way to disseminate information 	Access to Justice TFG	<p>Number of interviewers used</p> <p>Number of ABE interviews</p> <p>Joint training</p> <p>Number of staff trained in ABE</p>	TBC
3.3	Partnership	Ensure key roles are aware of how to ensure a positive	<ul style="list-style-type: none"> - Identify key roles - Work with police 	Access to Justice TFG	More cases being taken to court and achieving guilty	TBC

3. Access to Justice Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		outcome once a crime has been identified/reported	<ul style="list-style-type: none"> and CPS to understand what is required to ensure a positive outcome - Promote these to increase resident trust in the system 		verdicts	
3.4	Partnership	Ensure key roles within criminal justice system are able to identify vulnerability to ensure they are dealt with appropriately	<ul style="list-style-type: none"> - Identify key roles - Develop and implement appropriate training e.g. e-learning etc - Baseline the number of vulnerable people currently in the criminal justice system 	Access to Justice TFG	Reduce the number of vulnerable people unnecessarily in the criminal justice system	TBC
3.5	Partnership	Review and redefine the terminology of Third Party Reporting	-	Access to Justice TFG	New definition for Third Party Reporting	TBC
3.6	Partnership	Work with the Community Safety Team to establish which Third Party Reporting sites are available and look for new sites	<ul style="list-style-type: none"> - Identify current Third Party Reporting sites - Establish if they are still running and review effectiveness - Identify potential new sites - Work with partners to develop new sites 	Access to Justice TFG	Increased number of Third Party Reporting sites	TBC
3.7	Partnership	Provide training to police on hate crime and	<ul style="list-style-type: none"> - Attend pre-planned training sessions for 	Access to Justice TFG	Increase in recorded disability hate crime	June 2016

3. Access to Justice Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		disability	police to provide information about hate crime and disability to raise awareness and inform decision making			

7. Priority 4 – Pressure Ulcers

Pressure ulcers are an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure. It's estimated that just under half a million people in the UK will develop at least one pressure ulcer in any given year. This is usually people with an underlying health condition. Many people who are frail and have restricted mobility are at risk of developing sores on the points of their body which receive the most pressure.

Pressure ulcers can be a sign of neglect however skin damage has a number of causes, some relating to the individual person, such as poor medical condition and others relating to external factors such as poor care, ineffective Multi-Disciplinary Team working, lack of appropriate resources, including the equipment and staffing. It is recognised that not all skin damage can be prevented and therefore the risk factors in each case should be reviewed on an individual basis before a safeguarding referral is considered.

A multi-agency protocol has been developed which includes a decision guide which aims to support decisions about appropriate responses to pressure ulcer care and whether concerns need to be referred into the local authority as a safeguarding alert.

4. Pressure Ulcers Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
4.1		Understand extent of inappropriate referrals prior to Pressure Ulcer Protocol being implemented	Baseline number of inappropriate referrals prior to implementation of protocol	KA/HW	Number of inappropriate referrals 2014/15 and 2015/16	July 2016
4.2	Prevention Protection	Embed the Pressure Ulcer Protocol across the identified roles as a screening tool for safeguarding referrals	Identify roles that need to use the protocol Ensure these roles have been provided with appropriate training – gap analysis of what training has already taken place	KA/HW	Reduction in number of inappropriate referrals	31 st March 2017
4.3	Prevention Protection	Review Pressure Ulcer Protocol implementation effectiveness and identify areas for improvement	Value stream mapping of process – identify	KA/HW		31 st March 2018
4.4	Partnership	Create a more joined up approach to pressure ulcers – looking at the person not the pressure ulcer	- Multi-agency awareness/training on pressure ulcers	KA/HW		
4.5	Prevention	Increase awareness of pressure ulcers in the home	- Identify groups to target communication - Develop appropriate promotional material	KA/HW		

8. Priority 5 – Domestic Violence and Abuse

A proportion of safeguarding adults work relates to the abuse or neglect of people with care and support needs who are living in their own homes. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. Much safeguarding is therefore also domestic abuse.

Domestic violence and abuse is defined as⁴: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

The BSAB has agreed that the focus should also be on people who have a caring role for adult at risks especially within the home environment and how they can also be protected. The most common location for alleged abuse/neglect was in people's own homes with 293 (38%) being recorded in 2014/15 in Barnet compared to 201 (36%) in 2015/16.

Although nationally disabled women are twice as likely to experience domestic abuse as women without disabilities and are more likely to be at high risk of serious harm, statistics collated by Co-ordinated Action Against Domestic Abuse (CAADA) about people identified as being at high risk from domestic abuse show relatively low numbers of people with health and social care needs. This may be because for this group, domestic abuse is even more under-reported or recognised than in the general population.

The consequences of not accessing support can be fatal. Standing Together reports that of 32 Domestic Homicide Reviews that took place nationally between 2012 and 2014, eight related to disabled and older people.¹² Of these cases, three were mothers killed by adult sons, four were older women killed by their older husband/male partner; and in one case an older man was killed by his younger male partner.

Barnet has a Domestic Violence and Domestic Violence Against Girls (VAWG) strategy which brings together all of the agencies to provide a comprehensive response to DV and VAWG to ensure that people who experience any form of DV and VAWG get the help and support they need. One of the aims of this action plan is to work with our partners to ensure that adult at risks are represented within the strategy.

It is important to recognise that some adults with care and support needs can themselves be domestically abusive and that this can be hidden, or go

⁴ Home Office Guidance – Domestic Violence and Abuse 2015

unrecognised, by family members or professionals. The abuse may have been present for many years and the abuser's disability, mental health, drug or alcohol misuse and/or care and support needs may have been used as an excuse for their behaviour, even in situations where they have capacity to choose to control their actions.⁵

Lessons from the recent Barnet Domestic Homicide Reviews have indicated that consideration of these factors are essential in providing the right level of support and response, above and beyond mainstream domestic abuse services, in order to assess need and reduce risks.

This action plan will ensure that the legal requirements that carrying out a SAR and a DHR are aligned when there are lessons to be learnt from a death involving domestic abuse and an adult at risk.

⁵ LGA Adult safeguarding and domestic abuse – A guide to support practitioners and managers 2015

5. Domestic Violence and Abuse Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
5.1	Protection	Implement a clear pathway for progressing cases	<ul style="list-style-type: none"> - Identify current pathway for domestic abuse cases involving adult at risks - Understand how many adults are living in a vulnerable situation of domestic abuse – map current data available 	SS/KV	Reduce the number of adults living in a vulnerable situation of abuse	TBC
5.3	Accountability	Develop a framework to ensure a co-ordinated approach to Safeguarding Adults Reviews, Serious Case Reviews and Domestic Homicide Reviews to make best use of resources and identify what organisational changes can be made in order to reduce the risk of death and serious harm occurring in the future.	<ul style="list-style-type: none"> - SAR sub-group and DV and VAWG delivery group to develop framework for DHRs and SARs 	AM/ML	Framework implemented	TBC
5.4	Partnership	Ensure that there are effective and clear links and arrangements between Safeguarding Adults Boards, Community Safety Partnerships and Children's Safeguarding Boards	<ul style="list-style-type: none"> - Review current governance structure and links to Boards 	EC	Clear governance structure linking Boards	TBC
5.5	Partnership	Ensure that organisational policies, protocols and procedures about	<ul style="list-style-type: none"> - Gap analysis – review what do partners polices, protocols and procedures 	SS/KV	Updated policies and procedures	TBC

5. Domestic Violence and Abuse Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		safeguarding explain the links with domestic abuse and, similarly, policies, protocols and procedures about domestic abuse refer to safeguarding	currently say and identify any gaps - Update policies, protocols and procedures accordingly			
5.6	Prevention Protection	Ensure all relevant sectors of the workforce have access to training and awareness raising including integrated training that covers both safeguarding and domestic abuse rather than treating them as separate issue including mental health, culture and working with difficult/challenging people	- Review current training provision - Identify where integration is required - Integrate training and communication where appropriate	L&D Sub-group	Integrated Domestic Abuse and Safeguarding training	TBC
5.7	Proportionality Protection	Ensure that staff understand that many circumstances are both safeguarding situations and domestic abuse, and that they have a range of social work and legal options with which to work with people	- Identify social work and legal options available - Identify roles that require information - Communicate options to relevant roles	SS/KV	Relevant staff aware of social work and legal options available	TBC
5.8	Partnership	Ensure adult at risks are included/represented in the refresh of Barnet's Domestic Violence and Violence Against Women Strategy	- Work with the Domestic Violence and Violence Against Women to ensure adults links between BSAB business plan objectives	EC	Adults at risk represented within Barnet's Domestic Violence and Violence Against Women	21 st April 2016

5. Domestic Violence and Abuse Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
					Strategy	
5.9	Partnership	Ensure that there is best practice guidance on the use of interpreters in safeguarding and domestic abuse training. This should include the risks associated with using family members as interpreters (DB DHR rec 2)	<ul style="list-style-type: none"> - Review current guidance with reference to best practice and revise as required. Include the risks associated with constant use of family members - Disseminate and audit delivery of guidance - Include guidance in safeguarding pack 	SS/KV	The use of family members is avoided to gain service users information, wishes and needs directly, and this is always done in cases of suspected abuse	TBC
5.10	Partnership	All agencies who have involvement with the Domestic Homicide Review to ensure that the full Overview Report, its findings and learning is disseminated to decision makers, trainers, and the staff teams involved with the case	<ul style="list-style-type: none"> - Report disseminated and learning events held – managers to ensure all front line staff attend - Audit of frontline staff attending learning events - Learning incorporated into safeguarding training including referral pathways 	SS/AH RV, RB, HW agreed to help with learning events – set up as task and finish group	Staff have increased confidence in recognising and reporting domestic abuse and its links to safeguarding adults issues Increased domestic abuse and MARAC referrals from adult services	TBC
5.11	Prevention	Develop policy and guidance on working with carers under stress, with carers as alleged perpetrators of abuse, and for situations where the alleged carer/perpetrator is preventing access to the adult at risk, and	<ul style="list-style-type: none"> - Policy and guidelines scoped – consideration whether this can be incorporated into existing policy - Policy/guidance produced and 	SS/KV	Practitioners confident in working with carers under stress and/or alleged perpetrators resulting in better risk assessment and the protection of victims	TBC

5. Domestic Violence and Abuse Action Plan

	Core Principles	What we will do	How will we do it	Responsible Leads	Evidence of improvement in performance/Expected outcomes	Timescale
		identify an appropriate risk assessment for these situations (DB DHR rec 6)	implemented			

9. How we will evidence improvement in performance

The BSAB and the Performance and Quality Assurance sub-group will analyse and evaluate performance of the plan to:

- Measure the impact of the BSAB's activity on outcomes for adult at risks
- Undertake quantitative and qualitative evaluation of practice and interventions
- Utilise and apply National research as a benchmark in order to drive improvements in performance
- Identify areas for improvement going forward to secure better outcomes for adult at risks in Barnet
- Escalate concerns

Appendix 1: How we identified our priorities

In September 2015 SAB Members and Service Users Forum were asked to complete a proforma setting out their organisations top 6 priorities for the next SAB business plan. These priorities were collated and presented at a development day in December 2015 which all the SAB members were invited to attend:

Number of nominations from a total of 26 - Priority	Summary
3 - Neglect	New: neglect, self-neglect (hoarding, anti-social behaviour), being more proactive with vulnerable people who do not meet the safeguarding threshold such as self-neglect, hoarders and mental health issues.
3 - Awareness	2014-16 plan – Increase understanding of what might constitute abuse – all actions complete New: Staff that understand the needs of learning difficulties, Primary Care and safeguarding New: Education and protection of adults from the effects of fire
2 - Access to Justice	2014-16 plan – Improve access to justice for adult at risks – actions mainly amber
2 - Domestic Abuse	2014-16 plan – Ensure implementation of lessons learned from any serious case reviews or domestic homicide review – actions green
2 - Pressure Ulcers	2014-16 plan – 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 – actions all complete or green
2 - Mental Capacity	2014-16 plan – Increase understanding of service providers of the Mental Capacity Act and Deprivation of Liberty safeguards – actions all complete or green
2 - Deprivation of Liberty	As above
2 - Prevent	New: Radicalisation of vulnerable individuals
2 - Adult MASH	New: Establishing an Adult MASH either separate or integrated with the children's MASH
1 - Miscellaneous	<ul style="list-style-type: none"> - New: Making safeguarding personal - New: Data - Revise the data available in the monitoring reports - New: Identify and meet the needs of adults at risk - New: Skilled staff trained to a high standard - New: Find out about the experience of the service users - New: Care and nursing homes – ensuring all agencies working with care homes have a strategy for assessing and monitoring risk and recognising good practice; managing failing care homes with a multiagency approach - New: Identifying adult at risks


SAB members discussed the submitted priorities and agreed the following key work themes over the next two years covered by the Business Plan:

1. Personalisation
2. Adult Multi Agency Safeguarding Hub (MASH)
3. Access to Justice
4. Pressure Ulcers
5. Domestic Abuse

Appendix 2 - BSAB Budget 2016-2018

Barnet Safeguarding Adults Board Finance Report 2016-17				
	£	£	Variance	Comments
Income				
London Borough of Barnet	51,761			
MPS	5,000			
CCG	10,000			
BEH MHT	5,000			
LFB	500			
	<u>72,261</u>			
Commitments 2016/17				
Staffing Costs				
Independent Chair		-12,000		
Project and Policy Officer (0.88 FTE)		-39,760		
L&D Officer (0.25 FTE) (Proposed)		<u>-11,000</u>		
		<u>-62,761</u>		
Other expenses				
Board conference/away days/training		-3000		
Safeguarding promotional items		-1400		Booklets, leaflets, fact sheets, posters
Expenses and on costs		-280		Refreshments
Annual Report and Strategic Plan		-400		Printing and distribution
Safeguarding month		-400		
Safeguarding Adults Reviews		-10,000		20 days _@ £500 (2 per year)
Safeguarding Adults User Forum		-1,845		4 days travel, interpreters and lunch and refreshments
		<u>-17325</u>		
Totals	72,261.00	-80,086	-7,825	

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	<p align="center">Adults and Safeguarding Committee Meeting</p> <p align="center">16 June 2016</p>
<p align="center">Title</p>	<p align="center">Impact of the Care Act 2014</p>
<p align="center">Report of</p>	<p>Dawn Wakeling - Adults and Health Commissioning Director / Director of Adult Social Services. Mathew Kendall – Adults and Communities Director</p>
<p align="center">Wards</p>	<p>All</p>
<p align="center">Status</p>	<p>Public</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Key</p>	<p>No</p>
<p align="center">Enclosures</p>	<p>None</p>
<p align="center">Officer Contact Details</p>	<p>James Mass – Assistant Director Community and Wellbeing email: james.mass@barnet.gov.uk telephone: 020 8359 4610</p> <p>Kirstie Haines - Adults Wellbeing Strategic Lead email: kirstie.haines@barnet.gov.uk telephone: 020 8359 2781</p> <p>Alan Mordue – Care Act Project Manager email: alan.mordue@barnet.gov.uk telephone: 020 8359 2596</p>

Summary

The first phase of the Care Act 2014 came into force on 1 April 2015. The second phase will be introduced from April 2020.

The first phase of the Act:

- ensures that people's well-being, and the outcomes which matter to them, will be at the heart of every decision that is made
- provides for a single national minimum threshold for eligibility to care and support
- puts carers on the same footing as those they care for; national eligibility threshold and right to services
- creates legal duties to prevent and delay needs for care and support and to provide information, advice and advocacy
- puts Adult Safeguarding Boards on a statutory footing. NHS and Police are statutory partners
- embeds rights to choice, personalised care plans and personal budgets, and ensuring a range of high quality services are available locally
- ensures that people do not have to sell their homes in their lifetime to pay for residential care, by providing for a new universal deferred payments scheme
- includes new protections to ensure that no one goes without care if their provider fails, regardless of who pays for their care.

This report provides an update on the impact that the first phase of the Care Act 2014 has had in Barnet.

Recommendations

- 1. That the Adults and Safeguarding Committee note and comment on the impact of the Care Act 2014 as described in this report.**

1. WHY THIS REPORT IS NEEDED

1.1 The first phase of the Care Act 2014 (the Act) was implemented from 1 April 2015. This report provides the Committee with an update on the impact it has had for the Council and local residents. The second phase will be introduced from April 2020.

1.2 The main provisions in the Act include:

- ensuring that people's well-being, and the outcomes which matter to them, will be at the heart of every decision that is made
- a duty to provide prevention, information and advice services to prevent, delay or reduce the needs for care and support of adults and carers
- supporting people with information, advice and advocacy to understand their rights and responsibilities, access care when they need it, and plan for their future needs
- a national minimum threshold for eligibility for council support for both service users and carers
- new entitlements for users and carers:
 - a legal right to a personal budget and direct payments
 - a right to continuity of care after a move to a new area
 - carers right to assessment, support services and review, equal to that of the service user
 - eligible users must be offered independent help in support planning
 - self-funders must be offered advice and support planning for community services
- a universal system for deferred payments
- putting Adult Safeguarding Boards on a statutory footing
- other duties for Local Authorities:
 - a duty to co-operate with relevant agencies
 - a duty to ensure adult social care and housing work together
 - a duty to promote diversity and quality in care and support provision
 - a duty to promote the integration of services
 - a leadership role in situations of care provider failure.

1.3 Prevention, information, advice and advocacy

1.3.1 The Act places a duty on local authorities to provide or arrange for the provision of services, facilities or resources, which would contribute towards preventing, delaying or reducing the development of needs for care and support for adults and needs for support for carers.

1.3.2 The Act also places a duty on local authorities to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.

- 1.3.3 Barnet Council published its Prevention Policy and Information, Advice and Advocacy Policy as agreed at the Adults and Safeguarding Committee on 19 March 2015 prior to implementation of the Act. These set out the Council's broad responsibilities in relation to prevention and information, advice and advocacy.
- 1.3.4 The Council has a range of prevention services, facilities and resources aimed at contributing towards preventing, delaying or reducing the development of needs for care and support for adults and needs for support for carers. Information about these resources is available via Social Care Connect on the Council's website. Some examples are links to learning and employment, financial advice, arts, entertainment, leisure and sporting activities.
- 1.3.5 The approach ensures that people within the borough have access to good information and advice including information on resources in the local community, local support networks and facilities provided by partners and voluntary organisations. We continue to promote diversity in the provision of care and support services to ensure that individuals have a variety of options to choose from including not only traditional care services but wider wellbeing services such as the provision of sport and physical activities across the borough. Using the free Leisure Pass, carers can access free swimming and get discretionary discounts on a wide range of activities such as badminton sessions and group exercise classes.
- 1.3.6 The Council has two key contracts in place to provide information and advice. These are a community advice service contract and a specialist information, advice and advocacy contract. The Lead Provider for these two contracts is Barnet Citizens Advice Bureau. Most of the Council's contracts for prevention services (for example with Age UK, Mencap, Barnet Carers Centre, and Alzheimer's Society) include a provision to provide information and advice in line with their service delivery.
- 1.3.7 The Council has commissioned a Barnet Citizens Advice Bureau to provide specialist health and social care information, advice and advocacy. This ensures that the Council has in place a dedicated support service for people who require access to independent information and advice or advocacy and ensures that the Council can appropriately mitigate a situation such as that which gave rise to a successful judicial review challenge in R(SG) v Haringey LBC and SSHD case¹ where no such services were provided. From July 2015 to March 2016 there were 815 referrals made to advocacy partners.

¹ On 4 August 2015 the High Court gave judgement against Haringey Council in favour of a destitute asylum seeker with mental health problems. The Council had failed to provide the claimant with an independent advocate.

1.3.8 Social work and care staff training now reflects the legislative changes which have occurred. The training promotes the principle that prevention and the provision of good information and advice lie at the heart of good assessment and support planning. It also ensures that staff understand their statutory duties in regards to advocacy. The training provided complements existing training in place regarding mental capacity.

1.3.9 Social Care Direct, the Council's social care contact centre, has seen an increase in contacts since the implementation of the Act. Social Care Direct seeks to resolve calls over the phone or, if this isn't possible, refers them to a social worker. From April 2014 to March 2015, Social Care Direct received 34,284 phone contacts. This has increased to 42,039 for the financial year April 2015 to March 2016, which is a 23% increase in call volumes received. These volumes are for phone calls and not the number of individuals contacting the centre. Sometimes a number of calls are received concerning the same individual.

1.4 Wellbeing, assessment and support planning

1.4.1 The Act places a duty on local authorities to assess adults' needs for care and support and determine whether any of the needs are eligible for care and support.

1.4.2 The Council published its Assessment and Eligibility Policy for Adults in Need as agreed at the Adults and Safeguarding Committee on 19 March 2015 prior to implementation of the Act.

1.4.3 Before the Act was implemented, mandatory training was provided to all staff combining e-learning modules with group sessions focused on specific aspects of assessment including national eligibility threshold and working with the Wellbeing principle.

1.4.4 Assessment and support planning tools were amended and updated to reflect the new framework and facilitate practice in areas such as referrals for advocacy and independent financial advice.

1.4.5 While the language and framework around the assessment and support planning process has changed, the application of the national eligibility framework has not resulted in a significant difference in the number of adults assessed as eligible for support. This is considered to be as a result of the similar thresholds of need between the Fair Access to Care Eligibility Criteria Critical and Substantial levels and the new criteria. The table below shows the numbers of adults that were assessed as eligible for Council support and the cost of their support plans for 2014/15 and 2015/16².

	Number of assessments of new clients	Of these, total number going on to receive services	Total number of service users in period³	Total cost of services (net)
2014/15	2557	1982	7256	£72,809,715
2015/16	2642	1959	7150	£73,250,377

1.4.6 Nevertheless, the new eligibility criteria has triggered a desire for a more creative and outcome-based approach to assessment which is being developed through the pilots for adults assessment hubs and trials for strength-based practice.

1.4.7 The potential for increased demand around support planning, in particular with reference to self-funders, has been mitigated by an already well-established use of organisations such as Inclusion Barnet and My Care My Home to provide support and information when appropriate. From April 2015 to March 2016, My Care My Home received 111 referrals and Inclusion Barnet received 139 referrals.

1.5 Carers

1.5.1 The Act put in place a consolidated legal framework for carers that placed their needs on the same statutory footing as those receiving care and support. The demand modelling carried out prior to implementing the Act projected a significant potential increase in demand for carers' assessments. However, this has not been borne out in practice and there has not been an increase in the number of carers in the borough who chose to contact the Council. From April 2014 to March 2015, there were 1,394 carers' assessments and from April 2015 to March 2016 there were 1,145⁴ carers' assessments. These figures refer only to carers' assessments carried out by the Council and do not include assessments or information, advice and guidance carried out by local partner organisations.

1.5.2 The Council published its Assessment and Eligibility Policy for Carers as agreed at the Adults and Safeguarding Committee on 19 March 2015 prior to implementation of the Act.

² Note that 2015/16 figures are likely to change as this data continues to be cleaned and validated.

³ The total number of service users is the total number of people receiving a service in the period.

⁴ Note that 2015/16 figures are likely to change as this data continues to be validated.

1.5.3 The Adults and Communities Delivery Unit has carried out training with staff on the new carers' rights. Carers assessment forms have been updated to comply with the legal requirements of the Act and to take into account the new national eligibility criteria.

1.5.4 Since the Act was implemented, the Council has published a Carers and Young Carers Strategy 2015-20. This was noted at Policy and Resources Committee on 16 February 2016 having been approved by the Barnet Carers Strategy Partnership Board on 7 December 2016. It outlines the Council's vision for ensuring that carers can access robust support to help them to continue in their caring role. This strategy outlines the main priorities that the Council will focus on over the next five years and sets out the outcomes which we will achieve for carers and young carers within Barnet. The outcomes are:-

- carers and young carers have the right support and tools to manage their own health and wellbeing which they can draw upon in their everyday lives
- carers and young carers feel actively supported
- carers' voices are heard and they receive recognition for the valuable contribution that they make
- carers and young carers are safeguarded from harm
- carers can have a life of their own, including being able to balance work and caring
- carer friendly communities are embedded throughout Barnet. Local services and systems will reach out to support carers and young carers wherever they can, working together to help support carers and young carers in their role.

1.5.5 The strategy is supported by an action plan to deliver these outcomes and focuses on the following three priority areas:-

- proactive identification of carers and young carers
- individualised support so that carers and young carers can maintain their own health and wellbeing
- recognising carers and young carers as key partners in care and support and recognising the important role they play in helping to support and manage the demand on statutory services.

The Council is currently procuring new carers and young carers support services to further strengthen support for carers within the borough. The new service will come on stream on 1 October 2016.

1.6 **Deferred payments**

1.6.1 The Act places a new duty on local authorities to offer a deferred payment to people who are assessed as needing residential/nursing care and when their main home has been taken into account when financially assessing a contribution.

1.6.2 A deferred payment is a way of deferring the costs of care. The Council's universal deferred payments scheme has been in place since April 2015,

having been agreed by the Adults and Safeguarding Committee on 26 January 2015.

- 1.6.3 The demand modelling indicated that there would be up to 30 new entrants into the scheme during the first year. During 2015/16, there were 9 people who entered into a deferred payment agreement with the Council to fund the cost of care. The total value of these payments was £146,287. The scheme is self-financing as interest is chargeable on the amount deferred and the cost of the deferred payment is recouped when the property is sold.

1.7 **Managing the care market**

Provider Failure

- 1.7.1 The Act places a new duty on local authorities, to temporarily meet the care and support needs of an adult and the support needs of a carer when a registered care provider becomes unable to carry on a regulated activity, establishment or agency because of business failure.
- 1.7.2 The Council published its Provider Failure Policy as agreed at the Adults and Safeguarding Committee on 19 March 2015 prior to implementation of the Act.
- 1.7.3 Whilst Barnet has not experienced the business failure of a provider, Barnet has experienced the closure of a care home with nursing accommodation for seven highly vulnerable residents following intervention by the Care Quality Commission and the Council for quality reasons. Following action taken by the regulator to deregister the home, the Adults and Communities Delivery Unit worked closely with NHS Barnet Clinical Commissioning Group and the care home to manage the safe transfer of all residents to new accommodation.
- 1.7.4 This was undertaken through a co-ordinated approach, led by Adults and Communities Care Quality Service, which ensured that each individual was safeguarded and mitigated the risks associated with moving vulnerable people.
- 1.7.5 Following this, the Council has continued to work in partnership with NHS Barnet Clinical Commissioning Group and other local authorities on a number of further instances of provider quality concerns. This work has informed the creation of risk assessment tools and good practice guidance which is proving helpful in continuing to safeguard vulnerable people and reducing the likelihood and impact of a provider failure.

Market Shaping

- 1.7.6 The Act places new duties on local authorities to promote the efficient and effective operation of the market for adult care and support as a whole.
- 1.7.7 The Council has published a Market Position Statement to help in the development of a high quality sustainable market of available social care provision.

- 1.7.8 The Council has joined the West London Alliance collaborative on commissioning for residential and nursing homes and held two provider engagement events on the future plans for this and the supported accommodation strategy. There were market engagement events regarding dementia and stroke community services including the voluntary sector. Commissioning contacted providers individually for feedback.
- 1.7.9 The Council has engaged all mental health providers in discussions for the shaping of future mental health provision in the borough. This is feeding into procurement plans for 2017/18.
- 1.7.10 Through working with Barnet Homes, developers and private landlords, the Council is diversifying its accommodation offer to help more people live independently. This will provide for increased numbers of home adaptations, building more accessible and extra care housing and greater use of assistive technology. A Shared Lives scheme is being implemented to support disabled people live in family homes and develop their independence. The Council's neighbourhood model of community support for older people focusses on wellbeing and inclusion and will continue to support a wide and expanding range of activities including gardening and lunch clubs.
- 1.7.11 The Adult and Safeguarding Committee's Commissioning Plan 2015–2020 sets out how the Council's will shape the market through its commissioning intentions for each service component.
- 1.7.12 The Adults and Communities Delivery Unit has rolled out a new model of contracting and quality improvement. This built on the work piloted by the Integrated Quality in Care Homes team working with care home providers to share good practice and support improvement.
- 1.7.13 The Adults and Communities Delivery Unit now delivers a programme of support and engagement with providers of homecare and supported living services. There is also a renewed focus on improving clinical interventions within care homes working jointly with NHS Barnet Clinical Commissioning Group in a shared approach.

2. REASONS FOR RECOMMENDATIONS

- 2.1 This report is provided as an update to the Committee at the request of Committee members.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Not applicable

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1. Successful implementation of the Act helps to support and deliver the 2015 - 2020 Corporate Plan priorities of growth and responsible regeneration; managing demand for services; transforming services; and more resilient communities.

5.1.2. The pilots for the adults' assessment hubs are fully aligned with the Community Asset Strategy Implementation Plan which aims to ensure that the Council's estate is being used efficiently to support the Council's priorities and create the best possible value for residents. This includes exploring partnership working with other public bodies, and finding opportunities to create 'community hub' facilities in which groups might be co-located.

5.1.1 The Adults and Safeguarding Committee's Commissioning Plan 2015 - 2020 (2016/17 addendum and targets) provides for further implementing the Act in the following ways:

- re-modelling the approach to assessment and support planning to meet the increase in demand predicted to arise from the new cap on care costs
- improving advice and advocacy services with a greater availability of helpful information to support ageing well
- greater support to enable carers to continue in their caring role
- implementing the new pan-London safeguarding procedures to ensure a consistent approach to safeguarding across London.

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

5.2.1 There are no specific financial implications arising from this report.

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

5.4.1 The Care Act 2014 is an overarching piece of legislation which brings together legislation, practice and case law which has developed piecemeal over the decades. It has put on a statutory footing for the first time good practice, such as the establishment of adult safeguarding boards, and has repealed legislation which has been determined as incompatible with the European Convention on Human Rights. It is intended to be less complex and easier to apply for practitioners within the local authority, their legal advisers and, in the case of legal challenges, the Courts.

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

- promoting the best possible Adult Social Care services.

5.3.3 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 The Care Act 2014 sets out a number of new statutory requirements and duties and hence provides a legal basis for challenges where duties are not met. Successful implementation of the Act mitigates against the likelihood of this risk.

5.6 Equalities and Diversity

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups.

5.6.2 The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

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

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

5.6.5 Age discrimination should be considered broadly: younger people may perceive that older people receive more favourable treatment from services as well as older people perceiving that they are less favourably treated. The prohibition does not mean that all age groups should therefore be offered identical support or services. However, it does require the local authority to have a transparent and fair rationale for different approaches or support offered to different age groups, just as it already does for current positive action in place, such as providing interpreters.

5.6.6 However, there is a general risk from this prohibition applicable to all local authorities, which may face an increased level of potential legal challenge from individual users or groups, using this prohibition as its basis. Nationally, there have been legal challenges based on equalities legislation: for example, the 2011 challenge to Birmingham City Council on its proposed change to adult social care eligibility criteria.

5.6.7 An Equalities Impact Assessment was undertaken on the areas of discretion in the Act and was presented to the Adults and Safeguarding Committee on 18 March 2015 in a background paper to support a decision on the local policies to implement the Act.

5.7 Consultation and Engagement

5.7.1 The local policies which support implementation of the Act were subject to public consultation. Consultation questions primarily focussed on the areas of discretion which councils were required to consider exercising when implementing the Act. Responses to the consultation were presented to the Adults and Safeguarding Committee on 19 March 2015 in a background paper to support a decision on the local policies to implement the Act.

5.8 Insight

5.8.1 Not applicable.

6. BACKGROUND PAPERS

6.1 Special Safeguarding Overview and Scrutiny Committee on 24 September 2012 received a report on the 3 key adult social care policy documents published in July 2012: Caring for Our Future (White Paper); the draft Care and Support Bill; and the Government's interim statement on funding reform for Adult Social Care. The Committee endorsed Officers undertaking further work to assess the potential impact of these policy changes on Barnet. [Adult Social Care and Health \(1.1\)](#)

6.2 Cabinet on 18 April 2013 received a report describing the main impact of the White Paper, Caring for our Future, and the draft Care & Support Bill, both published in July 2012; and of the policy statement on Care and Support Funding Reform, presented to Parliament on 11 February 2013. The report set out the implications for Barnet based on empirical data and modelling where appropriate. [Social Care Funding Reform and the Draft Care and Support Bill: Implications for the London Borough of Barnet \(3.1\)](#)

6.3 Health and Well-being Board on the 27 June 2013 received a report which summarised the implications of the Care Bill and a further report on 21 November 2013 to update the Board on progress made locally to prepare for the implementation of the new legislation. [Social Care Funding](#)


6.4 [Care and Support Bill Update \(1.1\)](#)

6.5 The Safeguarding Overview and Scrutiny Committee on the 10 April 2014 received a report setting out the main points from the forthcoming changes to social care legislation as set out in the Care Bill, the implications for Barnet and the approach being taken to prepare for the new requirements. [The Care Bill Update Report \(2.1\)](#)

6.6 The Adults and Safeguarding Committee received a report on the implementation of the Care Act on the 2 July 2014. [The Implementation of the Care Act](#)

6.7 The Adults and Safeguarding Committee received a report on the Consultation on the Statutory Guidance on the 31 July 2014. [Response to Consultation on the Care Act Guidance](#)

- 6.8 The Adults and Safeguarding Committee received a report on Implementing the Care Act on the 2 October 2014. [Implementation of the Care Act 2014.](#)
- 6.9 The Adults and Safeguarding Committee received a report on the Universal Deferred Payments scheme on 26 January 2015. [Implementation of the Care Act - Adult Social Care Deferred Payment Policy](#)
- 6.10 The Adults and Safeguarding Committee received a report setting out the service development challenges required in adult social care in order to respond to the challenges of increasing growth in demand, enhanced statutory duties and continued financial austerity on 26 January 2015. [The Implications of the Commissioning Plan and The Care Act 2014 for Adult Social Care in Barnet](#)
- 6.11 The Adults and Safeguarding Committee received three reports on 19 March 2015. These set out the new policies required to implement the Care Act 2014 in Barnet.
- [Implementing the Care Act 2014: Eligibility; Carers contributions; Care arrangement fees; Increased demand](#)
 - [Implementing the Care Act 2014: Market Shaping; Provider Failure](#)
 - [Implementing the Care Act 2014: Carers; Prevention; Information, Advice and Advocacy](#)
- 6.12 On 16 February 2016, the Policy and Resources Committee noted the contents of the [Barnet Carers and Young Carers Strategy 2015-20](#) which the Barnet Carers Strategy Partnership Board approved on 7th December 2015 and authorised the procurement of a carers and young carers support services tender to commence from April 2016.
- 6.13 Responses to the Barnet Public Consultation on the Care Act 2014. [Responses to the Public Consultation](#)
- 6.14 Equalities Analysis (EqA) on local policies to support implementation of the Care Act 2014. [EqA on Local Care Act policies](#)
- 6.15 The Care Act received Royal Assent on 14 May. [The Care Act 2014](#)

	<p>Adults & Safeguarding Committee</p> <p>16 June 2016</p>
<p>Title</p>	<p>Adults & Safeguarding Committee Work Programme</p>
<p>Report of</p>	<p>Dawn Wakeling – Commissioning Director, Adults and Health</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Urgent</p>	<p>No</p>
<p>Key</p>	<p>No</p>
<p>Enclosures</p>	<p>Appendix A – Committee Forward Work Programme</p>
<p>Officer Contact Details</p>	<p>Anita Vukomanovic – Governance Team Leader - 020 8359 7034 Email: anita.vukomanovic@barnet.gov.uk</p>

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 2015/16 work programme**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Adults & Safeguarding Committee Work Programme 2016/17 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 This recommendation allows Members of the Committee to consider future reports on the work programme.

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
Updated: Adults and
Safeguarding Committee
Forward Work Programme
June 2016 - October 2016**

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

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
16 June 2016			
Opposition Motion in the name of Councillor Patel	This motion was reported to Full Council on 04 April 2016, and was subsequently referred to Adults and Safeguarding Committee.	Head of Governance	Key
Review of the Your Choice Barnet Contract	Committee to receive a report on the review of the Your Choice Barnet contract.	Commissioning Director (Adults and Health)	Key
Telecare Enhancement	That the Committee approve the procurement of a new telecare provider to expand the scale and ambition of the service in order to increase independence and social connection for current and future adult social care users and their carers.	Assistant Director Community Wellbeing	Key
Barnet Multi-Agency Safeguarding Adults Board Business Plan 2016-18	The Committee will be asked to note the contents of the Draft Safeguarding Adults Board Business Plan 2016-18.	Barnet Multi-Agency Safeguarding Adults Board	Key
Impact of the Care Act	Committee to receive a report on the impact of the Care Act.	Commissioning Director Adults and Health	Non-key

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
13 July 2016			
Statutory Adult Social Care Annual Complaints Report 2015/16	<ol style="list-style-type: none"> 1. To note the information contained within the statutory Annual Complaints Report 2015/16; 2. Approve the draft report for final publishing. 	Adults Social Care Assitant Director	Key
Business Planning		Commissioning Director Adults and Health	Key
Adults and Safeguarding Performance Report including the Adult Social Care Local Account	<ol style="list-style-type: none"> 1. That the Committee note the progress made during 2015/16 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 2015-16 and approves the version of the report attached at Appendix A for publishing as final on the Council website. 	Adults and Communities Director, Commissioning Director (Adults and Health)	Key

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
19 September 2016			
Revised Business Case on Single Adult Social Care Alternative Delivery Vehicle	Committee to receive a report on Adult Social Care Alternative Delivery Model project Outline Business Case.	Commissioning Director Adults and Health	Key
Business Planning		Commissioning Director Adults and Health	Key
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2015/16	That the Committee note the information contained within the Draft Barnet Multi-Agency Safeguarding Adults Board Annual Report 2015-16 which is due to be approved by the Multi- Agency Safeguarding Adults Board on 21st July 2016 and will be published after this date.	Barnet Multi-Agency Safeguarding Adults Board	Key
Commissioning Strategy for Supported Living	Committee to receive a commissioning strategy for supported living.	Commissioning Director (Adults and Health)	Key
10 November 2016			
Annual Fees and Charges	Committee to receive a report on annual fees and charges.	Director of Resources (Deputy Section 151 Officer)	Key

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
Business Planning			Key
23 January 2017			
Adults and Safeguarding Performance Report including the Adult Social Care Local Account	<p>1. That the Committee note the progress made during 2016/17 and agree to use the information provided to help in future decision making.</p> <p>2. That the Committee notes the information contained within the Adult Social Care Local Account 2016-17 and approves the version of the report attached at Appendix A for publishing as final on the Council website.</p>	Adults and Communities Director, Commissioning Director (Adults and Health)	Key

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