MEETING
ADULTS AND SAFEGUARDING COMMITTEE
DATE AND TIME
MONDAY 19TH SEPTEMBER, 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:

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

Substitute Members
Councillors:

Anthony Finn	Anne Hutton	Brian Gordon
Daniel Thomas	Jim Tierney	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 this meeting is Wednesday 14 September at 10AM. Requests must be submitted to Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk

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

Andrew Charlwood – Head of Governance

Governance Service contact: Anita Vukomanovic 020 8359 7034
anita.vukomanovic@barnet.gov.uk
Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	1 - 4
2.	Absence of Members	
3.	Declarations of Members Disclosable Pecuniary Interests and Non-Pecuinary Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Members' Items (if any)	
7.	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2015/16	5 - 50
8.	Revised Business Case on Adult Social Care Alternative Delivery Vehicle and Implementation of the New Operating Model	51 - 136
9.	Barnet Sport & Physical Activity Strategy: Fit & Active Barnet Framework 2016 - 2021	137 - 168
10.	Member's Item Referral from Policy and Resources Committee: Cllr Ross Houston - Retirement and Sheltered Housing	169 - 180
11.	Committee Forward Work Programme	181 - 186
12.	Any other items that the Chairman decides are urgent	

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

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Decisions of the Adults and Safeguarding Committee

13 July 2016

Members Present:-

AGENDA ITEM 1

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

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

Absences
Councillor Paul Edwards

1. MINUTES

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

RESOLVED that the minutes of the meeting on 16 June be agreed as a correct record.

2. ABSENCE OF MEMBERS

Councillor Paul Edwards was absent from the meeting.

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

There were none.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

There were none.

5. MEMBERS' ITEMS (IF ANY)

There were none.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

There were none.

7. ADULTS AND SAFEGUARDING PERFORMANCE REPORT AND LOCAL ACCOUNT

The Chairman introduced the report, which contained a review of the Adults and Safeguarding Committee Commissioning Plan for 2015/16 against the commissioning intentions and outcome measures. The report also contained a draft of Barnet's Local

Account of Adults Social Care in 2015/16, which set out the work and achievements of the Borough's adult social care service over the last year.

Ms. Dawn Wakeling, the Commissioning Director for Adults and Health informed the Committee that following the Member's Item received in the name of Councillor Patel at the last meeting, the report also included detailed commentary on performance including benchmarking information.

The Committee noted that they could suggest changes to the draft Local Account which could be incorporated prior to publication of the final version.

The Chairman noted the increase in the number of requests for Deprivation of Liberty Safeguards authorisation and suggested that it be made clear that legislation had been put in place which would likely account for the significant increase in requests from 2014/15 onwards.

The Committee requested that the following changes be incorporated into the final version of the document prior to publication:

- That it is made clear that the service users' feedback on page 8 was received from Barnet service users.
- That the word, "million" is removed from page 3.

Responding to a comment from a Member about the reduction in carer's assessments, Matthew Kendall, the Adults and Communities Director informed the Committee that a number of carers go to a carer's centre to receive assessments, but those assessments aren't always captured, which could account for the reduction. The Committee noted that carers are a priority for the Delivery Unit and that a contract improving the offer to carers was about to be awarded.

The Chairman moved to the vote. Subject to the incorporation points listed above, it was unanimously RESOLVED that:

1. **The Committee note and comment on progress against the Adults and Safeguarding Committee Commissioning Plan in 2015/16 (Appendix A)**.
2. **The Committee approve the annual Local Account for publication on the Council's website.**

8. STATUTORY ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT 2015/16

The Chairman introduced the statutory report, which provided an overview of management and performance in relation to dealing with adult social care complaints.

Referring to the report, a Member commented that section 6.5 - Complaints by Service Area, did not contain statistics as to whether the complaint was upheld or partially upheld, whereas section 6.6 – Complaints by Category – did. The Member suggested that it would be useful to include this information in order to effectively analyse complaints. Ms. Wakeling informed the Committee that this additional data could be added to the report prior to final publication.

A Member commented that they had tested the website, but had received an error message. Ms. Emily Bowler, Head of Communications and Customer Care informed the Committee that work was being undertaken on the transactional part of the website to improve access.

A Member expressed concern about vulnerable people who wanted to complain, but did not have internet access or felt unable to. Mr. James Mass, Assistant Director – Community and Wellbeing, informed the Committee that the Council commissions advocacy services and that anyone receiving services would be reviewed at least every 12 months which assists in identifying problems. Mr. Kendall informed the Committee that the Council can also be alerted to potential problems by partners such as GPs or Age UK.

The Chairman moved to the recommendations as set out in the report. Subject to the data requested in respect of complaints statistics as set out above, the Committee unanimously RESOLVED:

1. **That the Committee note and comment on progress against the Adults and Safeguarding Committee Commissioning Plan in 2015/16 (Appendix A)**.

2. **That the Committee approve the annual Local Account for publication on the Council's website.**

9. COMMITTEE FORWARD WORK PROGRAMME

The Committee considered the Forward Work Programme as set out in the report.

The Chairman noted that any future items of business would be added to the work programme.

RESOLVED that the Committee note the Forward Work Programme.

10. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

There were none.

The meeting finished at 7.58 pm

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BARNET
LONDON BOROUGH

AGENDA ITEM 7

	Adults and Safeguarding Committee **19th September 2016**
Title	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2015-16
Report of	Chris Miller, Independent Chair of the Safeguarding Adults Board Dawn Wakeling, Director of Adult Social Services (Adults and Health Commissioning Director)
Wards	All
Status	Public
Urgent	No
Key	Non Key
Enclosures	Appendix A: Safeguarding Adults Board Annual Report 2015-16
Officer Contact Details	Emma Coles, Safeguarding Adults Board Business Manager e-mail: emma.coles@barnet.gov.uk Tel: 0208-359 5741

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[1], 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.

The BSAB Business Plan 2016-18 was presented to the Safeguarding and Adults

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

Committee 16th June.

The Care Act 2014 [2] prescribes that ‘For each financial year, the Safeguarding Adults Board must publish a strategic plan in accordance with Schedule 2 of the Care Act 2014. As soon as is feasible after the end of each financial year, an SAB must publish a report on—

(a)what it has done during that year to achieve its objective,

(b)what it has done during that year to implement its strategy,

(c)what each member has done during that year to implement the strategy,

(d)the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),

(e)the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),

(f)what it has done during that year to implement the findings of reviews arranged by it under that section, and

(g)where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.’

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. The report documents the work of the Safeguarding Adults Board in 2015-16. It outlines membership of the Board, work of the Safeguarding Adults Service User Forum and partner agencies, work plan progress and analysis of safeguarding alerts received 2015-16.

Recommendations

1. That the Adults and Safeguarding Committee comment on the Safeguarding Adults Board Annual Report 2015-16

2. That the Committee note that following the Adults and Safeguarding Committee meeting on 19th September, the Annual Report will be published on the Council website

[2] The Care Act 2014 – Schedule 2 - www.legislation.gov.uk/ukpga/2014/23/schedule/2

1. WHY THIS REPORT IS NEEDED

Background

1.1 The Care Act 2014 (the Act)[3] 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 plan.

1.7 The SAB has to report on its work, via its annual report, 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.

SAB Annual Report

1.8 The Barnet Safeguarding Adults Board Annual Report provides details about Safeguarding work carried out by the Board and partners from 1st April 2015 to 31st March 2016. The report outlines membership of the Board, analysis of safeguarding alerts received 2015-16, work of the Safeguarding Adults

[3] The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

Service User Forum and partner agencies and work plan progress. There were no Safeguarding Adults Reviews conducted or concluded during this reporting year.

1.9 The past year (2015/16) was the first under the statutory obligations established by the Care Act (2014) which made the existence of SABs mandatory for all local areas. As the Board was established in 2002 it was already working within the principles of the legislation through meeting on a quarterly basis, working to an agreed business plan and producing an annual report. As a result of the Board becoming statutory there has been an increase in the contributions from partner agencies with a current budget of £82,261(contributors are shown in 5.2.3).

1.10 This annual report concludes the business plan 2014-16 and reviews progress made by the Board to achieve the objectives as well as the work of the Board partners to improve safeguarding across their own organisations. A new business plan 2016-18 is now in place and was submitted for comment to the Adults and Safeguarding Committee 16th June.

1.11 The report documents the work of the Safeguarding Adults Board in 2015-16. It outlines membership of the Board, work of the Safeguarding Adults Service User Forum and includes partner contributions to safeguarding, work plan progress and analysis of safeguarding alerts received 2015-16. Below are key highlights from the annual report:

1.12 This year has seen a further considerable increase in the number of safeguarding concerns raised. During 2015/16 we received a total of 1215 concerns, representing a 59% increase on the previous year. As a result of raising public awareness of what abuse is, the number of concerns raised by members of the public continued to increase. This year saw 102 concerns (8%) raised by relatives and friends, in addition to 45 self-referrals (4%). This year saw a greater number of concerns raised by agencies such as the Police, health organisations and housing services.

1.13 Of the 1215 concerns received, 481 were referred for further enquiry. Although the number of concerns has increased substantially, the number of enquiries has remained the same to last year. This is likely to mean that many more people are aware of abuse and where to report it, but in most cases these concerns relate to circumstance where a more proportionate response is warranted over a full safeguarding enquiry.

1.14 A main focus of the BSAB has been working across health and social care to improve the response to those susceptible to developing pressure sores. This painful and debilitating condition is not just a health matter but is also one that sometimes calls into question the quality and availability of the person's care whether in the community or in a care home or hospital setting. There has been some good progress against this priority but the BSAB will continue to keep it in the new plan as there is still much to do. A safeguarding protocol for identifying indications of neglect when assessing pressure ulcers has been developed by the Barnet Safeguarding Adults Board. Healthcare providers

across Barnet have this screening tool to support their assessments of patients.

1.15 The review of Hate Crime Reporting in Barnet, by the BSAB, has confirmed that there is widespread under-reporting. The engagement activities revealed that disabled people experience crime and significant levels of Hate Crime incidents that need to be recorded. By doing this, it would provide the opportunities to understand patterns and trends and enable organisations in the borough to tackle Hate Crime more effectively. The response by disabled people included a marked scepticism that reporting would not make any difference and so was not worth it. In the autumn 2015, Robert Buckland, the Attorney General, spoke of the need to improve "the way disability hate crime is reported, investigated and prosecuted". He went on to say that it is only by understanding the perspectives of disabled people and listening to their needs that there can be meaningful change. The BSAB are determined to improve on this in Barnet but have made less good progress against this priority and will retain it within the new business plan.

1.16 The partnership have been keen for their staff to know how to apply what has recently become the law on how to assess and deal with the mental capacity of an adult to make their own decisions. The simple principle to be adhered to is that the best expert in living a life is the individual whose life it is. This requires staff to be both vigilant about a person's needs and humble in relation to the extent to which they should intervene and assume responsibility for them. This issue has been a focus over the past year. Each partner organisation reviewed their compliance with MCA and DoLS and reported progress to the SAB January 2016. The work of Barnet CCG with Enfield and Haringey CCGs to improve awareness of the Mental Capacity Act 2005 was reviewed by NHS England as excellent and recommended as good practice.

1.17 The BSAB have been working on raising awareness to ensure that the public know how to spot incidents of safeguarding and to report them. They have sought ways of getting helpful messages to the community about what to look for and how to get in touch. The rise in reports from the public suggest that this programme has been useful in raising awareness and increasing reports.

1.18 The new business plan 2016-18 was agreed by the BSAB 21st April 2016 and presented to the Adults and Safeguarding Committee 16th June 2016. Five priorities have been agreed by partners, in consultation with service users and Healthwatch, to focus on over the two year period:

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

2. REASONS FOR RECOMMENDATIONS

2.3.1 For each financial year, the SAB must publish an annual report in accordance with Schedule 2 of the Act. The plan will be published on the Council's website.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.3 The BSAB are required to develop and publish an Annual Plan as a statutory requirement.

4 POST DECISION IMPLEMENTATION

4.1 The Barnet Safeguarding Adults Board Annual Plan is a public document which can be accessed through the Council's website. The Board's Annual Report will be noted by the Health and Wellbeing Board 10th November 2016 as well as each partners executive Board.

4.2 Corporate Priorities and Performance

4.2.1 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.

4.2.2 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 IMPLICATIONS OF DECISION

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 Joint Health and Wellbeing Strategy (2015 – 2016) has two overarching aims which are “keeping well” and “promoting independence””. 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 £82,261, which covers the post of Independent Chair and Safeguarding Adults Business Manager 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:

Table 1: BSAB Partner Financial Contributions 2016/17

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
Central London Community Health	£5,000
Royal Free Hospital Trust	£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)[4] 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 an annual report 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 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:

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[4] The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

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 The annual report provides progress against the business plan 2014 - 2016 which 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.

5.6.6 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

5.6.7 The tables below show a breakdown of all our safeguarding concerns by reported primary care need and age of the vulnerable adult. As in previous years, most concerns we receive relate the abuse of older people.

5.6.8 The way in which we categorise an adult's care needs has changed and so the following tables have been designed to enable comparison with previous years.

Table 2: Primary Client Group Referred

Primary Care Need	**2013/14**	**2014/15**	**2015/16**
Learning Disability	20%	20%	13%
Mental Health (Inc. Support with Memory & Cognition)	15%	16%	22%
Physical Disability & Sensory Support	64%	63%	61%
Social Support	1%	1%	4%
Client Age Group (where known)	**2013/14**	**2014/15**	**2015/16**
18-64	40%	40%	38%
65+	60%	60%	62%

5.6.9 As in previous years, concerns raised about adults over the age of 65 are higher than any other group. This largely reflects the age profile of Barnet service users receiving a care package.

5.6.10 In 2015/16, where known, 55% of adults at risk had dementia; this is a substantial increase of 31% on the previous year; however, in over 2 thirds (71%) of all cases, it was unknown whether the adult at risk did or didn't have

dementia and this may account for the increase, as in 2014/15 this was unknown in only 16% of cases.

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 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 annual report to their agency executive Board.

5.8 Insight

5.8.1 The annual report was developed using insight from the Local Authority Safeguarding Adults database and contributions from the SAB partners.

6 BACKGROUND PAPERS

6.1 Barnet Safeguarding Adults Board Business Plan 2016-18 – Adults and Safeguarding Committee 16th June 2016 – Item 10 Barnet Multi-Agency Safeguarding Adults Board Business Plan 2016-18

6.2 Barnet Safeguarding Adults Board Annual Report 2014/15 – Adults and Safeguarding Committee 16th September 2015 – Item 7 Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15

Barnet Safeguarding Adults Board

Annual Report 2015-16

Barnet Clinical Commissioning Group NHS

Royal Free London NHS Foundation Trust

Barnet, Enfield and Haringey Mental Health NHS Trust

Central London Community Healthcare NHS Trust

Barnet | Hammersmith and Fulham | Kensington and Chelsea | Westminster

CommUNITY Barnet

the barnet group

LFB London Fire Brigade

Metropolitan Police Working for a safer London

BARNET

What should I do if I think someone is being abused?

Everybody can help adults to live free from harm and abuse. You play an important part in preventing and identifying neglect and abuse.

If you, or another adult you know is being harmed in any way by another person, please do not ignore it. You should contact Social Care Direct:

- **Tel:** 020 8359 5000 (9am- 5pm, Monday – Friday), or
  020 8359 2000 (out of hours)

- **Email:** socialcaredirect@barnet.gov.uk

- Or the police on 101

If the danger is immediate, always call the police on: 999

Foreword from the Independent Chair of Barnet Safeguarding Adults Board

The effective safeguarding of adults requires statutory agencies and the voluntary sector to cooperate operationally and to share information. In Barnet we have a Safeguarding Adults Board (BSAB) dedicated to ensuring that opportunities for interagency cooperation are explored and maximised and support and challenge to agencies is consistent and robust.

The past year was the first under a new set of rules established by the Care Act which made the existence of SABs mandatory for all local areas. In fact, the new rules had little practical effect on the way we operate in Barnet because we had a dedicated partnership before the law was introduced. The Care Act simply told Barnet's agencies to do what they were already doing.

In 2015 we continued to follow our two-year business plan and in 2016 we will begin with a new plan. Many issues impact the safety and wellbeing of adults in need of care and support and to be most effective in tackling these issues BSAB has identified a small number of priorities to focus on. The report will tell you in detail how we cooperated across agencies to make an impact in last year's priorities.

We have, in particular, worked across health and social care to improve our response to those susceptible to developing pressure sores. This painful and debilitating condition is not just a health matter but is also one that sometimes calls into question the quality and availability of the person's care whether in the community or in a care home or hospital setting. We have made some good progress against this priority but will continue to keep it in our new plan as we believe there is still much to do.

When those with care needs come into contact with the justice system, either (most frequently) as a victim or (less often) as an offender, the available data tell us that they do not receive the same service or outcome as those without needs. We are determined to improve on this in Barnet. We have made less good progress against this priority and will retain this in our new business plan.

We have been keen to ensure the public generally know how to spot incidents of safeguarding needs and to report them. We have sought ways over the past year of getting helpful messages to the community; about what to look for and how to get in touch. The rise in reports form the public suggest that this programme has been useful in raising awareness and increasing reports.

We are also keen for our staff to know how to apply what has recently become the law on how to assess and deal with the mental capacity of an adult to make their own decisions. The simple principle to be adhered to is that the best expert in living a life is the individual whose life it is. This requires staff to be both vigilant about a person's needs and humble in relation to the extent to which they should intervene and assume responsibility for them. We have focused on this issue in the past year.

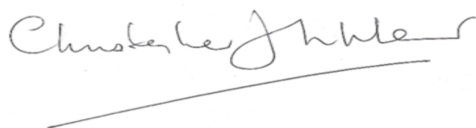
In the latter part of this report you will see what we hope to achieve in the next two years. We particularly want to improve the way that we manage our information exchange between agencies. We are aware that some cases take too long and proceed with more

difficulty than they should because we do not have in place an effective way of handling multiple sources of material. We aim to learn from our colleagues in the children's safeguarding arena and develop a multi-agency safeguarding hub.

Two recent homicide cases in Barnet, which have been reviewed, have brought into sharp focus for us that domestic abuse is present in families and relationships where one or more person is in need of social or health care or support. We intend to develop our understanding of this issue and improve our response to it in our new plan.

In order to be effective in our pursuit of these priorities we will continue to improve our analysis and understanding of agencies' performance across a range of issues. We want to ensure that the collective performance of all agencies in safeguarding is made more effective through cooperation. Our performance group will be developing this over the next year or so.

Barnet has many great statutory and voluntary organisations working in the borough to safeguard and improve the lives of those requiring support. I want to thank them for their efforts to make Barnet a more amenable place for us all. The challenges we face over the future in delivering excellent services, keeping people safe and healthy and managing a restricted budget can only be met with the continued enthusiasm and commitment of people who care. I have met many such people in Barnet in the past year and because of that I am optimistic that we can continue to build on our achievements of the past year, and make further improvements in the future.



Chris Miller
Independent Chair of Barnet Safeguarding Adults Board

Contents

	Page
1.What is safeguarding?	6
2.Who lives in Barnet	6-7
3.Who are we and what do we do	7-12
4.What we achieved in 2015-16	12-24
4.1 Safeguarding Adults Service Users Forum	
4.2 Carers in Barnet	
4.3 Health Services	
4.4 London Ambulance Service NHS Trust	
4.5 Fire Service	
4.6 Community Safety	
4.7 Police	
4.8 Integrated Quality in Care Homes (IQICH)	
4.9 Training	
4.10 Mental Capacity Act and Deprivation of Liberty Safeguards	
4.11 Letting People Know what Safeguarding is	
4.12 Challenge Role	
5.Safeguarding Stories	25-26
6.What do the statistics tell us about safeguarding in Barnet?	27-33
7.What we want to achieve in 2016-18	34
8.Useful contacts	35

1. What is safeguarding?

Safeguarding is defined as:
'*Protecting an adult's right to live in safety, free from abuse and neglect.*' [1]

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 they are:

- safe and able to protect themselves from abuse and neglect
- treated fairly, with dignity and respect
- protected when they need to be
- easily able to get the support, protection and services 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 already receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

2. 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 is expected to be 376,065 by the end of 2016. 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 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

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[1] Care and Support Statutory Guidance 14.7 - https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding

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 the right services, such as appropriate housing and support needs, are available to meet their requirements. There is a considerable 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 and 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). Without carers, many people living and working in our communities would not be able to continue to do so and we recognise the important economic contribution they make. 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%.

If you would like further data from the Joint Strategic Needs Assessment (JSNA) please visit the interactive web resource: www.barnet.gov.uk/jsna-home/

3. Who we are and what do we do

The Safeguarding Adults Board is a statutory multi-agency group that meets four times a year and reports annually on its work. It is chaired by an independent person, Chris Miller. 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 in April 2014 the Barnet Safeguarding Adults Board has become a statutory body with a number of legally enforceable duties from April 2015.

The Safeguarding Adults Board has to report on its work to the council via the Adults and Safeguarding Committee and the Health and Wellbeing Board. In addition each agency represented on the Board will present the report to their agency executive Board. It will also be made available to the public on the Barnet Council website at www.barnet.gov.uk/safeguarding-adults-board.

The Safeguarding Adults Board membership includes representatives from:

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

3.1 Our priorities 2014-2016

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

The previous business plan covered the period 2014-2016 and came to a close on Thursday 21 April 2016. The business plan had the following strategic priorities:

1. *Improve the standards of care to support the dignity and quality of life of vulnerable people in receipt of health and social care, including effective management of pressure ulcers.*

   Some of the highlights for this priority are:
   A safeguarding protocol for identifying indications of neglect when assessing pressure ulcers has been adopted by the Barnet Safeguarding Adults Board. Healthcare providers across Barnet have this screening tool to support their assessments of patients. The CCG is working with providers to embed this protocol, and to review its effectiveness. This protocol is also being implemented across CLCH and the outcomes of the implementation of this tool will be reported to the SAB.

   Awareness of pressure ulcer prevention and management workshops for residential care homes were held in March 2014 and a safeguarding and pressure ulcer awareness workshop was held in November 2015.

   An analysis of pressure ulcers was presented to the SAB in March 2014 in order to understand the current demographics and prevalence of pressure ulcers within The London Borough of Barnet.

   Health providers reported to the SAB about staffing and how they are addressing complaints and whistleblowing incidents.

The Board sought assurance from Health providers regarding training awareness and good practice guidance for staff in relation to pressure ulcers and other common issues related to neglect e.g. dehydration.

2. *Improve the understanding of service providers of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)*

Some of the achievements for this priority are:
Reviewed and publicised material for health and social care staff, developed learning and development strategy, MCA assessment tool developed to promote best practice, partners reviewed compliance with MCA and DoLS.

Each partner organisations reviewed their compliance with MCA and DoLS and reported progress to the SAB in January 2016.

The CCG worked collaboratively with colleagues in Enfield and Haringey CCGs to improve awareness of the MCA and DoLs for patients and healthcare staff in 2015. Patient leaflets were developed and distributed to all hospitals and GP surgeries. The CCG commissioned bespoke training on MCA and DoLS for GPs and Practice Nurses.

Health providers are being supported to implement MCA action plans and are providing annual audits of case records to ensure MCA assessments and referrals for DoLS are taking place.

An MCA/DoLS audit was undertaken by CLCH Adult Safeguarding in January 2016 to assess whether patient record documentation is meeting the standard in line with the Mental Capacity Act (MCA) 2005 assessment protocol. An action plan was agreed to address results of this audit, including bespoke training. A follow up audit to monitor the action plan will be undertaken in October 2016 and reported to the SAB.

CLCH delivers bespoke training packages for CLCH Safeguarding Champions and work has been undertaken with community teams to develop an approach so staff are aware of their responsibilities under MCA in practice including assessment, record keeping in both MCA and risk assessment pathway.

3. *Improve access to justice for vulnerable adults*

Some of the achievements of this priority are:
An audit of the police safeguarding alerts (Merlin reports) were carried out to ensure there is effective information sharing and response through the safeguarding system. The report was submitted to the October 2014 SAB. Following that, a task and finish group was established to review the current pathway for Merlin reports and how this could be improved.

A report was submitted by the police to the January 2016 SAB on the number of reports, repeat referrals, investigations and prosecutions of rogue trading, disability hate crime and distraction burglary and section 44 offences involving ‘vulnerable adults’.

A task and finish group was established to review the operation of third party reporting sites in Barnet. Anybody can report to the police if they are a victim of crime but people often face barriers which make it difficult to report directly to the police. Third Party reporting sites provide an alternative for people. The review was presented to the SAB in January 2016 and the recommendations were included in the 2016-18 SAB business plan.

4. *Increase the understanding among the public of what may constitute abuse.*

   Some of the achievements of this priority are:
   The SAB worked to increase the number of alerts from members of the public by distributing safeguarding promotional material to the community. The SAB carried out face to face activity with the public and increased the availability of the “Say No to Abuse” booklet through community channels such as service providers and the CCG. Posters of “Say No to Abuse” were produced and distributed for display. Increased outreach to elderly people via flyers with home meal services, leaflets at Dementia Cafes and through Neighbourhood Services.

   Appropriate messaging was provided for Barnet Watch Alert communications for 800 Neighbourhood Watch Coordinators to disseminate. Case studies were Collated and shared for service provider newsletters and the Barnet First magazine.

   The CCG regularly promotes safeguarding to GPs and primary care staff, via newsletters, training and meeting presentations.

5. *To ensure that the voice of the adult at risk stay central to our partnership work.*

   Some of the achievements of this priority are:
   The SAB developed a policy statement on the voice of the adult at risk and the outcomes they seek as the primary driver of our approach to safeguarding.

   The Local Authority continued to capture the views of people who have experienced safeguarding services and report findings back to the Safeguarding Adults Board for information and action.

   Partners training programmes and templates were updated in line with the Care Act and were reviewed and updated in line with the revised London Multi-Agency Safeguarding Policy and Procedures.

6. *Ensure the implementation of lessons learned from any serious case review or domestic homicide review*

   Some of the achievements of this priority are:
   Under the Care Act 2014 (the Act), Safeguarding Adults Boards are responsible for arranging Safeguarding Adult Reviews (SARs). SARs are about learning lessons for the future. The SAB developed a process for the SAR process and agreed the terms of reference.

A Domestic Homicide Review (DHR) monitoring group was set up for the delivery of the DHR action plan. The purpose of the DHR is to understand where there are lessons learned and to make recommendations to prevent future homicides.

4 What we have achieved in 2015/16

Each Board partner has achieved a lot in the last year and we have split our achievements into the themes below.

4.1 The Work of the Safeguarding Adults Service Users Forum

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

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

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

This year we have:

- received regular progress reports on the work of the SAB
- had discussions about how to attract new members to the forum
- helped contribute to the SAB annual reports
- reviewed the SAB easy read annual report
- reviewed and updated our mission statement
- planned a service user conference in November for Safeguarding month
- received presentations from the following agencies:
    - Central London Community Health
    - The Royal Free Hospital
    - London Fire Brigade
    - London Ambulance Service

We learnt about how they are safeguarding adults. We told them the areas where we think they are doing well and where they need to improve.

4.2 Supporting Family Carers

Carers have an essential role in supporting family and friends to remain living safely in our communities and without the support they provide Barnet would be unable to provide the level of health and social care that is currently in place.

Over the last year we have:

- carried out training with our staff to ensure they understand the importance of carrying out carers assessments, and increase their knowledge of what support is available to help carers to look after their own health and wellbeing
- worked with partners to help increase identification of carers and promote carers support services.
- updated the content on our website and our "Support for carers in Barnet" document to make it easier for carers to access useful information and increase knowledge of the wide range of support available for carers in Barnet.
- carried out a staff awareness event during Carers Week 2015 on carers and safeguarding
- co-produced our Carers and Young Carers Strategy 2015-20 with carers and young carers. This is the first time we have a joint strategy with Family Services.

4.3 Safeguarding in Health Services

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

4.3.1 Royal Free London NHS Trust Foundation

Barnet Hospital, Chase Farm Hospital, the Royal Free Hospital and their associated services are part of the Royal Free London NHS Foundation Trust. The trust sees about 1.6 million patients each year in three main hospitals.

This year they have continued to embed the Integrated Safeguarding Committee (ISC). This has helped bring them together as a Trust. This ISC, which is chaired by the Director of Nursing, provides the scrutiny and governance for all the safeguarding activity and process.

There has been considerable policy development. All policies are now in place to support staff to undertake their safeguarding responsibilities and raise concerns.

Over the last year the safeguarding team have pulled together policies/ guidance and supporting materials for safeguarding adults, MCA & DoLS, supporting people with learning disabilities and supporting victims of domestic violence. These have been

put into a single place known as the purple folder for staff to access. There is a hard copy on each ward and an electronic copy on the Trust Intranet.

There has been an increase in the number of referrals in all areas of safeguarding across the Trust.

During 2015/2016 the Trust have continued to be supported by the Independent Domestic & Sexual Violence advisors (IDSVA's) who are instrumental in helping meet the requirement to be compliant with the NICE guidance 'Domestic Violence and Abuse'. The IDSVA's support patients and staff who experience domestic abuse as well as contribute to staff training to raise awareness of domestic abuse.

In October 2015 the Trust hosted an integrated safeguarding conference and in June 2016 they hosted a Domestic abuse learning event.

4.3.2 Barnet, Enfield, Haringey Mental Health Trust

Over the last 12 months The Trust has strengthened its safeguarding arrangements in many ways including the recruitment of a full-time Head of Safeguarding.

During the year the Trust has set up a safeguarding e-mail inbox to allow improved monitoring of safeguarding alerts, and a safeguarding screen saver has been established to prompt staff to use the Trust safeguarding inbox. They have also included a prompt to consider safeguarding on their incident reporting system (Datix).

An Integrated Safeguarding Committee has been established with clear terms of reference. The Trust's safeguarding surgeries have been recognised as good practice and the safeguarding champions terms of reference have been refreshed and revised. A safeguarding dashboard has been designed.

The Trust has developed a safeguarding training strategy. Mental Capacity Act and Deprivation of Liberty Safeguards training has been included in the mandatory training matrix. . Prevent training and Domestic Violence and Abuse training have both been included in Corporate Induction for all staff.

A safeguarding strategy has been developed with key aims and objectives. The Trust Safeguarding Adults at Risk Policy has been updated to ensure it is Care Act compliant and a Domestic Violence and Abuse Policy has been developed.

4.3.4 CCG

Barnet Clinical Commissioning Group (CCG) is the NHS lead commissioner for the Royal Free Hospital and Central London Community Healthcare NHS Trust. The CCG has contracts with Barnet, Enfield and Haringey NHS Trust, and other health providers across the borough, and is the lead commissioner for the North London Hospice.

The CCG Safeguarding Lead and GP for Adult Safeguarding offer support to health providers and GPs across the Barnet health economy. Safeguarding within

healthcare is monitored via contractual arrangements and quality review meetings, including the requirement for regular reporting of Safeguarding activity.

Barnet CCG had a Safeguarding Deep Dive carried out by NHS England in November 2015. This was given an overall rating of assured as good. The work of Barnet CCG with Enfield and Haringey CCGs to improve awareness of the Mental Capacity Act 2005 was reviewed as excellent and recommended as good practice.

4.3.5 Central London Community Healthcare (CLCH)

CLCH provides community health services to around a million people across London and Hertfordshire.

In 2015/16, CLCH met its statutory requirement under the Care Act (2014) to contribute to Section 42 Enquiries, when concerns have been raised about an adult being at risk of harm, neglect or abuse.

The CLCH Safeguarding Adults Lead has been proactive in advising and supporting CLCH staff and partner agencies to assure safeguarding or quality in care issues are managed proportionately. The Lead contributed to the development of the Barnet Safeguarding Pressure Ulcer Protocol to assist practitioners in assessing the need to report a pressure ulcer as a safeguarding concern.

In 2015/16 work was undertaken to embed the recommendations from Making Safeguarding Personal (2014) to assure people accessing CLCH services are safe, empowered, informed and have their views, worries and wishes taken seriously

The implementation of a standardised electronic care record across CLCH has supported improved record keeping, information sharing and flagging of concerns to enable informed decision making and care planning by CLCH staff.

During the year CLCH has championed the needs of people with Dementia and learning disabilities who access our services, with service users, lay people and third sector organisations being key members of the CLCH Dementia Steering Group and also the Learning Disabilities Group.

CLCH contributed to the Barnet Service Users Forum and Quality Stakeholders meeting, working in partnership to ensure adults at risk are safeguarded.

4.4 London Ambulance Service NHS Trust

The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organisation. We are committed to safeguarding vulnerable members of our community and continue to work closely with partner organisations to improve this process.

The LAS made a total of 4,331 adult safeguarding referrals across London in 2015/16, and 8,440 relating to welfare concerns for adults whom may have care and support needs. In Barnet, there were 27 adult safeguarding referrals and 79 adult

welfare referrals. The LAS is committed to ensuring information is shared to prevent and reduce the risk of harm to adults at risk.

To address safeguarding responsibilities, we have:

- a safe recruitment process that includes the vetting and barring scheme and procedure with reference to the Independent Safeguarding Authority
- processes for dealing with allegations against staff with clear links to police and local authority designated officers
- a named executive director with responsibility for safeguarding
- heads of safeguarding for adults and children who are also the named professionals
- a safeguarding officer who is first point of contact for local safeguarding boards and local authorities
- internal and external reporting mechanisms to capture safeguarding issues.

We work closely with the safeguarding lead commissioners. We continue to work with all adult safeguarding boards in response to notifications of safeguarding adult reviews. All recommendations and action plans are monitored internally and approved by the safeguarding committee for closure when appropriate.

4.5 Improving fire safety

The London Fire Brigade (LFB) carried out **3,136** free home fire safety visits to Barnet residents in 2015-16. 85% of these visits were high priority situations or people at risk due to their vulnerability.

14.6% of our time was spent on carrying out community safety activities to promote increased fire prevention knowledge and understanding in the borough.

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

4.6 Community Safety

The Barnet Safer Communities Partnership (BSCP) brings together the key agencies involved in crime prevention and community safety work.

Barnet is one of London's safest boroughs with a low crime rate. Barnet has the 8th lowest rate of total crime per person out of all 32 London boroughs and the 4th lowest rate of violent crime. The overall rate of crime per 1,000 population is 24% lower than the London average.

Reducing Repeat Victimisation – Residential Burglary

Reducing Burglary in Barnet is recognised as a top priority: there are now over 1,000 fewer burglaries happening in Barnet every year than there were three years ago. However, burglary is the only major volume crime which occurs in Barnet at a rate well above the London average.

The Partnership has been working to reduce the risk of residents becoming victims of burglary. The Safer Homes Project is focused on preventing individuals becoming repeat victims of burglary through home visits which assess the safety of their home and by providing them with free locks and security measures. In the last year 65 homes across the borough have benefited from 'Safer Homes' interventions. In addition there are a number of other activities which are tackling residential burglary. These include: The 'Met Trace' project which has deployed traceable liquids asset marking technology to over 10,000 households in Barnet; and Barnet Borough Watch who have over 900 watch coordinators across the borough providing crime prevention advice in their local area.

Reducing Repeat Victimisation – Anti-social behaviour

The Community Safety Multi Agency Risk Assessment Conference (Community Safety MARAC) is an anti-social behaviour focused multi-agency risk assessment case conference. The Community Safety MARAC was introduced 2014/15 and has developed throughout 2015/16 taking on an increasing case load of complex multi-agency anti-social behaviour cases. The Community Safety MARAC is focused on providing a victim centred approach to victims of anti-social behaviour. The group has been receiving an average of over five complex cases per month and reduced the risk to victims by coordinating an effective multi-agency response. This has contributed to an overall reduction in ASB calls received by the police (overall ASB calls down 16% and repeat callers down 25%).

Radicalisation – Prevent and Channel

Prevent is the Government's strategy to stop people becoming involved in violent extremism or supporting terrorism, in all its forms. Prevent prioritises using early engagement to encourage individuals and communities to challenge violent extremist ideologies and behaviours.

After designating Barnet as a 'tier 2 priority area' under the Prevent scheme, the Home Office have provided funding for a Prevent Coordinator who joined the authority in December 2015.

The Prevent Coordinator work is focused on:

- Ensuring that the council is fully-compliant with the statutory Prevent duty across all of its departments and functions.
- Coordinating the necessary partnership action in response to the risks and recommendations outlined in the Counter Terrorism Local Profile (CTLP).
- Providing relevant and appropriate briefings and training to council staff, elected members, and partners when necessary.

Barnet's Channel Panel meetings are chaired by the Prevent Coordinator. Channel is an early intervention multi-agency panel focused on safeguarding vulnerable individuals from being drawn into extremist or terrorist behaviour.

Learning from a Domestic Homicide Reviews (DHR)

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

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

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

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

4.7 Safeguarding in the Police

In September 2015 the police started the recording of adults with vulnerabilities on Merlin reports and developed the Vulnerability Assessment Framework.

The Vulnerability and Adult at risk toolkits were introduced which include guidance to staff around adults coming to notice for issues related to human trafficking and self-neglect.

The Police along with NHS England and London Councils have developed an information sharing agreement which is currently out for consultation.

"Clocks, Locks and Lights" is a major campaign against burglary that took place on Monday 12 October 2015 and involved 500 Barnet Police officers. It focused on reducing burglary through crime prevention advice, improved identification of vulnerable adults and reducing risk of victimisation. There were two further operations of "Clocks, Locks and Lights" during the year.

A Borough Mental Health liaison officer was appointed (Inspector rank) to champion mental health and develop closer working relationships with strategic partners.

There was a reduction of 13.8% in the number of victims of residential burglary in Barnet and improved confidence in Police response to Domestic Abuse with an 18% increase in allegations of Domestic Abuse.

4.8 The Integrated Quality in Care Homes Team (IQICH)

Within Barnet there are 98 registered care homes that provide care for older adults and younger people with disabilities. Additionally, there are 32 registered supported living providers in the borough who offer services in approximately 85 different locations.

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

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

The Team also includes Quality in Care Advisors who work with providers to support best practice. Work with individual homes may result from a referral, a poor inspection report, or a request for support from the care home manager.

4.9 Training

4.9.1 Barnet Council

The Safeguarding Adults Training Programme for 2015-16 was delivered to Council staff including Adult Social Care, CLCH and Barnet, Enfield and Haringey Mental Health Trust as well as private, voluntary and independent sector organisations.

Training for social workers and partners:

Safeguarding Adults Level 1 e-learning	238 completed
Safeguarding Adults Raising awareness	**6** LBB Staff, **32** External Staff
Safeguarding Adults Policy & Procedures	**79** LBB Staff, **31** External Staff
Safeguarding Adults Investigations	**11** LBB Staff
Financial Abuse	**25** LBB Staff, **6** External Staff
Making Safeguarding Personal	30 internal staff
Mental Capacity Act & Deprivation of Liberty's Safeguards	**91** External Staff
Mental Capacity Act	**55** LBB Staff

4.9.2 Health

CCG

All healthcare staff are required to have training in safeguarding adults, including Mental Capacity Act, Prevent and Domestic Abuse. The CCG provide training to Barnet GPs and Primary Care Staff. Healthcare services commissioned by the CCG are required to be compliant with safeguarding training, and provide quarterly training compliance figures to the CCG.

Royal Free Hospital Trust

All new starters at the Trust must complete induction training on their first day. Safeguarding training and DoLS are delivered by members of the safeguarding team during that day. Staff are then required to refresh their training every three years. Outside of this mandatory training, staff also receive extra training delivered by the Acute liaison nurses for people with a learning disability and the Independent Domestic and Sexual Violence Advisors (IDSVA). There is a dedicated safeguarding training facilitator who can support training programme development, training delivery and link in when required with external agencies.

The training figures have improved on last year:

	March 2015	April 2016
MCA/DoLS	77%	81%
Safeguarding Level 1	76%	87%
Safeguarding Level 2	70%	81%

Barnet, Enfield, Haringey Mental Health Trust

Safeguarding Adults at Risk training levels 1 and 2 are delivered at mandatory Corporate Induction for all staff. The training is delivered as a safeguarding day and includes safeguarding children training, domestic violence training, and training in MCA and DoLS. Prevent Healthwrap is also delivered at Corporate Induction and has been mandatory since September 2015.

Staff are required to refresh safeguarding training at least every three years. The Trust target for mandatory training compliance is 85%. Safeguarding adult training compliance for April 2016 is 86.5%.

CLCH

Safeguarding training is a key performance indicator (KPI) which is reported to the CLCH Board and Commissioners on a quarterly basis. In 2015/16 CLCH did not meet the required compliance level of 90% for Level 1 safeguarding adult training. Work is underway to implement a blended learning approach to support staff to always act in the best interests of those who access CLCH services.

CLCH Adult Safeguarding Training Compliance 2015/16		
Training Level	**Compliance Level Required**	**Compliance Level Achieved**
Level 1	90%	83%
Level 2	90%	91%

Our staff have received Mental Capacity Act and Deprivation of Liberty training in line with statutory guidance. A WRaP (Prevent) training programme is underway to ensure our staff fulfil their duty to protect vulnerable individuals from being groomed into terrorist activity or supporting terrorism.

Following the publication of the Barnet Domestic Homicide Review bespoke domestic abuse training was delivered to staff in the CLCH Urgent Care Centre and Walk in Centres.

4.9.3 Police

Training was provided to all frontline Police Officers on Mental Capacity Act and Mental Health Codes of Practice during November 2015.

Between January and March 2016 all frontline Police Officers were given training on Disability and awareness of disability related hate crime.

In January 2016, 60 officers were awarded a City and Guilds qualification for the MAST programme (Mental Health Awareness and Safeguarding). This training was paid for through Home Office Innovation Fund. It was aimed at staff based in Borough gangs units, Safer Schools, Community Safety Units, Misper Units, Youth engagement, Youth Offending, CID and MASH.

4.10 The Mental Capacity Act and the Deprivation of Liberty Safeguards

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

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

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

When this was first introduced the local authority received a small number of applications. However, in March 2014 there was a change in the law following a judgement of the Supreme Court. This broadened the number of people affected to include anyone who cannot make their own decision about care and who is under continuous supervision and control and not free to leave. This led to a very large increase in applications, which we have seen continue to increase this year by 112%. Despite this unprecedented increase in applications the local authority has continued to ensure that everyone is assessed under the legislation.

	2012-13	2013-14	2014-15	2015-16
Number of requests for authorisation	30	55	640	1357
Number of authorisations granted	19	27	517	965
Number granted with conditions	12	18	206	371
Number of authorisations which did not qualify	10	19	65	121
Number of authorisation requests withdrawn	1	9	58	152

2015-16 figures as of 12.07.16. NB 2015-16 figures: there are 119 requests for authorisation where an outcome is not yet known.

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

Number of authorisations granted – the number of requests which were assessed and authorised as in the person's best interest.

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

Number of authorisations which did not qualify – the application could not be authorised because following assessment one of the six qualifying requirements was not met. For example, the person was found to have capacity to make their decisions, or the person was found not to be eligible because they are either are or could be subject to the Mental Health Act detention.
Number of authorisation requests withdrawn – the care home or hospital withdrew their requests because there was a change in circumstances, such as the person had left the accommodation or they had died. Or it has been found that the application should have been sent to another local authority.

4.10 Letting people know what safeguarding is

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

4.11.1 Safeguarding Month

Every November the Safeguarding Adults and Children's Boards and Community Safety Partnership come together to plan a number of events to raise awareness of safeguarding issues. Events in 2015 included:

- Safeguarding Awareness Express Training

- Mental Capacity Act
- Domestic Violence
- Workshop for family carers

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

4.11 Challenge Role

A SAB is required by the Care Act 2014 to monitor and evaluate its performance and that of its members in terms of achieving their 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.

4.12.1 Challenge and Support Event

The Safeguarding Adults Board held a Challenge and Support Event Saturday 4 April. As the end of the financial year approaches it is an appropriate time to reflect and take stock of where we are with regards to safeguarding adults. The event provided an opportunity for each partner to tell others what they have achieved through the year and for partners to ask questions as well as offer some challenge.

The outcomes of the event have been incorporated into the SAB's work plan 2016-18 and the safeguarding work of each of the partners to develop any weaknesses and build on strengths.

5. Safeguarding Stories

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

Mrs Drayton is a 60 year old lady with Multiple Sclerosis who lives with her husband. Her husband was her main carer, he looked after at home, helping her with washing and dressing, preparing food and looking after the house. Mrs Drayton contacted Adult Social Care with concerns about her relationship with her husband. She said that there was a lot of tension in the relationship and her husband was deliberately doing things to upset and provoke her like spilling water over her and shouting at her. Mrs Drayton stated that she no longer wanted him to care for her as she felt intimidated by him. Things were so bad she said she wanted a divorce.

With the social worker's support, Mrs Drayton decided that the best way forward was for the social worker to speak with her and her husband to help them work out what they wanted to happen. Mr Drayton was offered a carers' assessment. Following this a direct payment was put in place for the couple to arrange periods of care when respite was needed. Mr Drayton used some of the payments to employ a carer fortnightly to help his wife while he went to the football which was something he previously enjoyed. After a few meetings with the social worker and with this additional support, Mrs Drayton reported that the relationship had improved significantly and they wanted to stay together.

Mrs Philips is a 77 year old widow who lives in her own home in Barnet. Following her husband’s death she agreed her friend of 17 years and his wife could move in with her in order to allow them to save some money for a deposit for their own property. Their relationship changed shortly after the couple moved in. They were rude and abusive to Mrs Philips and tried to claim compensation from her due to an alleged leak on the roof. Mrs Philips asked the couple to leave her property and they refused.

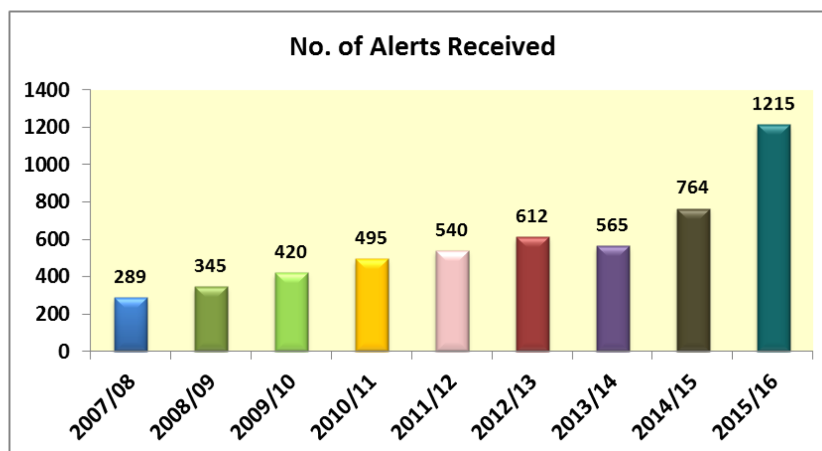
Adult Social Care received a safeguarding concern from the Police following an incident when the couple had an argument with Mrs Philips friend. The police advised Mrs Philips to seek legal advice and obtained her agreement to raise the safeguarding concern. They were concerned that she was in a position which made her very vulnerable. They had concerns that she was at risk of on-going financial and psychological abuse from the couple.

Adult Social Care worked with Mrs Philips to develop a Safeguarding plan. This included providing her with advice and regular psychological support, and a referral to the local Neighbourhood Watch Team who also visited her to provide her with support in these very difficult, distressing times. The support provided by the social worker and the Police empowered Mrs Philips to go through a court hearing where she won her case and the judge ordered the couple to leave her property within a short period of time.

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

6.1 How many safeguarding concerns did we receive?

This year we have seen a further considerable increase in the number of safeguarding concerns raised. During 2015/16 we received a total of 1215 concerns, representing a 59% increase on the previous year.



Raising public awareness of what abuse is and how to report it was a priority for the Safeguarding Adults Board priority during 2015/16. As a result of this work the number of concerns raised by members of the public continued to increase. This year we saw 102 concerns (8%) raised by relatives and friends, in addition to 45 self-referrals (4%).

This year saw a greater number of concerns raised by agencies such as the Police, health organisations and housing services. 12% of all concerns were raised by the Police, compared to 4.5% last year, and 11% by NHS staff.

6.2 How many concerns required further enquiry?

Not all concerns turn out to be abusive situations. They can indicate a need for increased support or other help. Where it is believed abuse has taken place, concerns are referred for further enquiry under our safeguarding procedures.

Of the 1,215 concerns received, 481 were referred for further enquiry. Although the number of concerns has increased substantially, the number of enquiries has remained similar to last year. This is likely to mean that many more people are aware of abuse and where to report it, but in most cases these concerns relate to a circumstance where a more proportionate response is warranted over a full safeguarding enquiry.

6.3 Types of abuse and those involved

The tables below show a breakdown of all our safeguarding concerns by reported primary care need and age of the vulnerable adult. As in previous years, most concerns we receive relate the abuse of older people.

The way in which we categorise an adult's care needs has changed and so the following tables have been designed to enable comparison with previous years.

Primary Care Need	2013/14	2014/15	2015/16
Learning Disability	20%	20%	13%
Mental Health (Inc. Support with Memory & Cognition)	15%	16%	22%
Physical Disability & Sensory Support	64%	63%	61%
Social Support	1%	1%	4%

Client Age Group (where known)	2013/14	2014/15	2015/16
18-64	40%	40%	38%
65+	60%	60%	62%

As in previous years, concerns raised about adults over the age of 65 are higher than any other group. 58% of those relate to neglect and acts of omission.

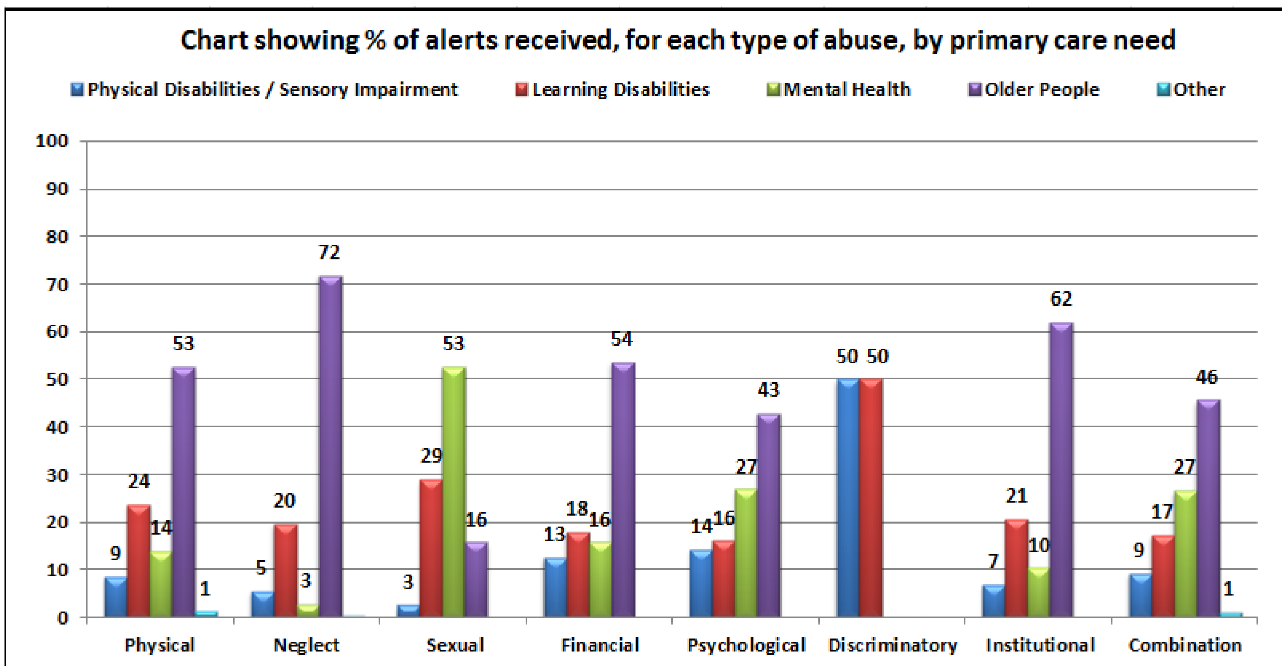
Neglect, along with physical abuse, was also a common concern raised relating to adults with learning disabilities. For those with physical disabilities or mental health needs concerns most frequently involved a combination of abuse types.

In 2015/16, where known, 55% of adults at risk had dementia. This is a substantial increase of 31% on the previous year. However, in over two thirds (71%) of all cases, it was unknown whether the adult at risk did or didn't have dementia and this may account for the increase, as in 2014/15 this was unknown in only 16% of cases.

During 2015/16, in the 1,213 applicable cases, hate crime was cited in six concerns. Four cases were investigated by the police and three were referred to a safeguarding enquiry.

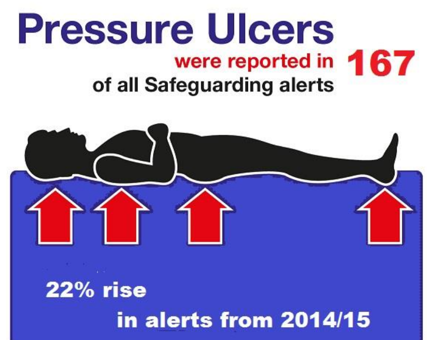
Domestic Abuse and Modern Slavery are new categories of abuse reported for the first time in 2015/16. Domestic Abuse was reported to have occurred in 83 cases (including combined types of abuse).

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



6.4 Pressure Ulcers

Of the total number of concerns 167 described a situation where the adult had developed a pressure ulcer. This is a 22% increase in the number reported last year. 40 of these progressed to a safeguarding enquiry as a sign of neglect. This compares to 61 last year.

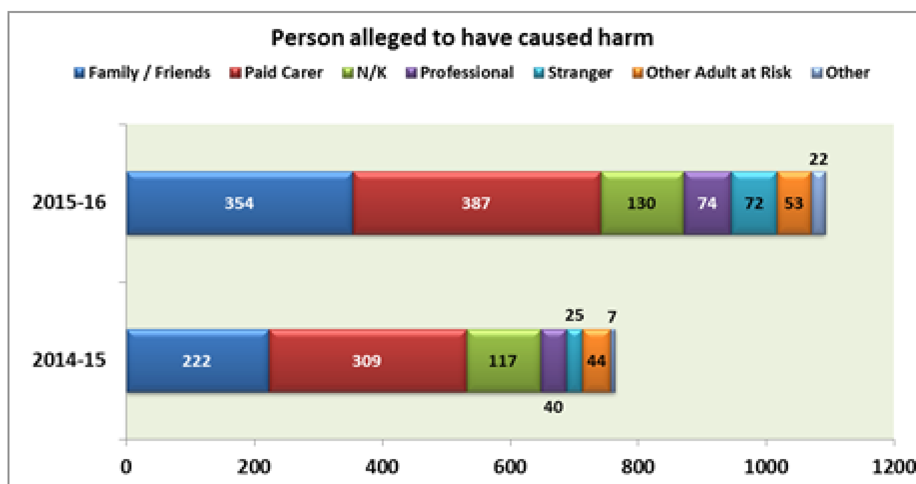


At the point of publication, enquiries into 37 the 40 referrals involving pressure ulcers had been completed the table below shows the outcomes.

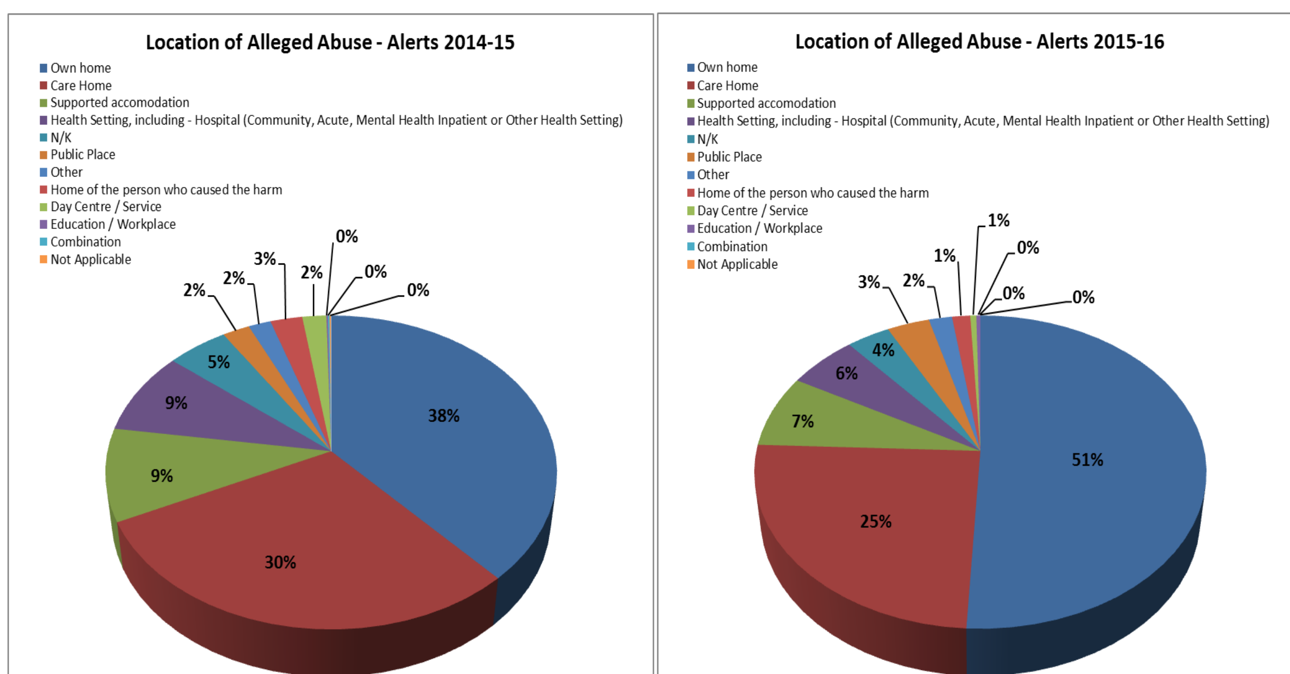
Safeguarding outcomes for referrals related to Pressure Ulcers			
Case Conclusion	**2013-14**	**2014-15**	**2015-16**
Abuse substantiated	11	11	6
Abuse not substantiated	30	25	16
Abuse partly substantiated	4	6	2
Not determined / inconclusive	8	13	13
Investigation ceased on individuals request	0	1	0
In 2013-14 'investigation ceased on in the individuals request' wasn't recorded			

6.4.1 The person who caused the harm

2015/16 saw similar patterns to previous years when identifying the person who caused the harm. Paid carer workers were the largest group reported (32%), followed by family /friends (29%). The chart below shows the total number of concerns and who the person who allegedly caused the harm. Self-Neglect was recorded in 123 cases.



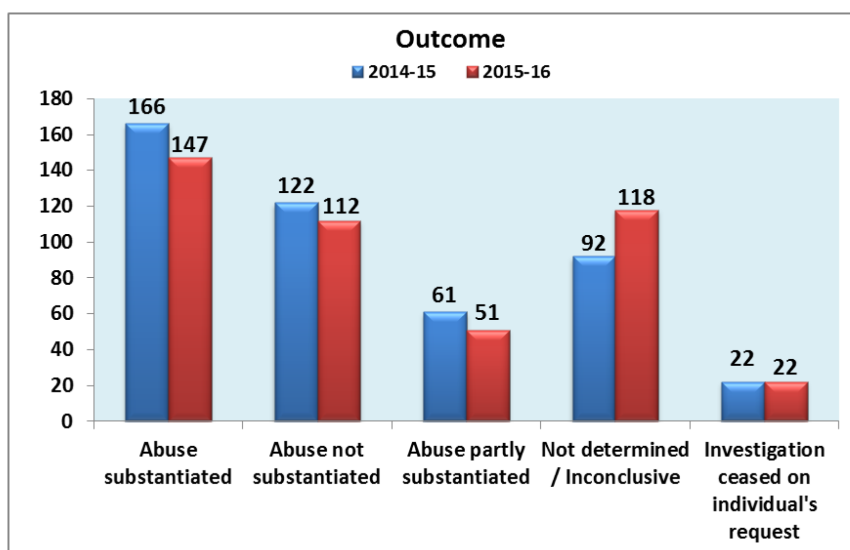
In 2015/16, as with previous years, the most common location for alleged abuse/neglect was in the persons own home, with the proportion of such instances increasing by 12.5%.



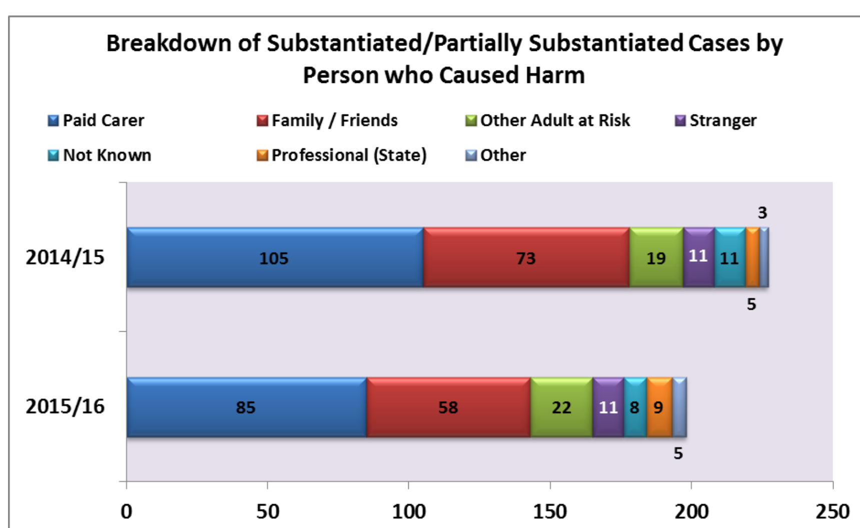
6.4.2 Outcomes of our enquiries

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

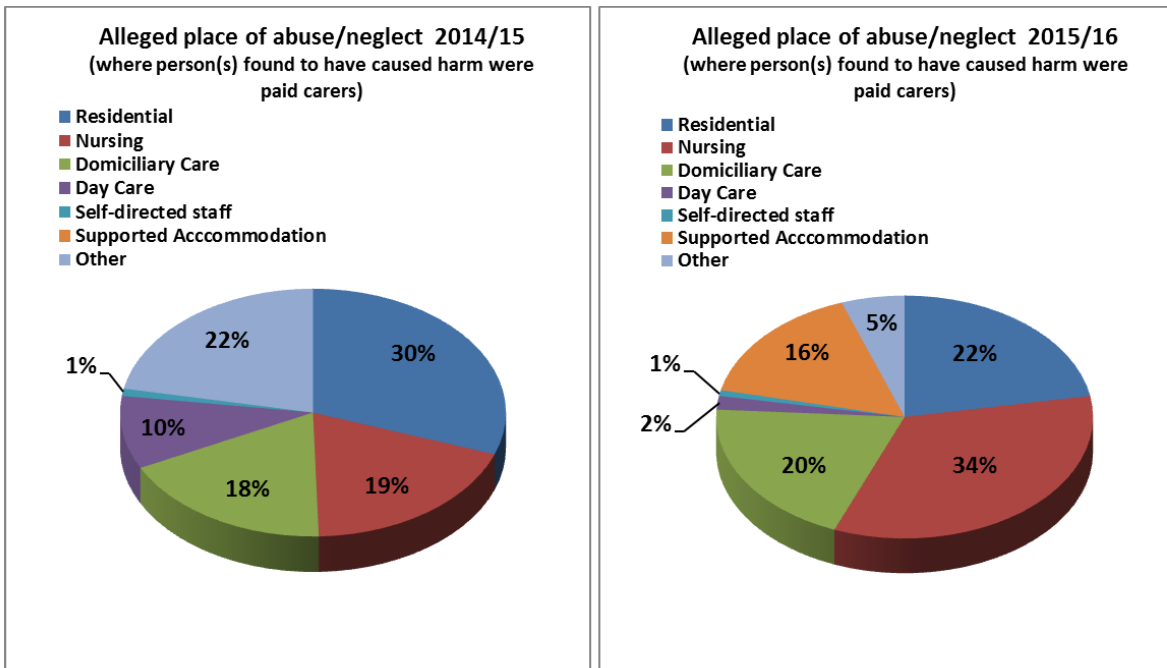
450 cases have now been completed and an outcome determined. Of these completed enquiries, 44% were fully or partially substantiated (a 5% reduction on 2014/15).



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



During 2015/16, 43% of fully or partially substantiated abuse involved paid care staff, a reduction of 3% on the previous year. In the majority of instances involving paid carers, the alleged abuse took place in a care home setting, with a 7% increase to the proportion recorded in 2014/15. The percentage of concerns involving carers in a day care setting also increased in 2015/16, by 8%.

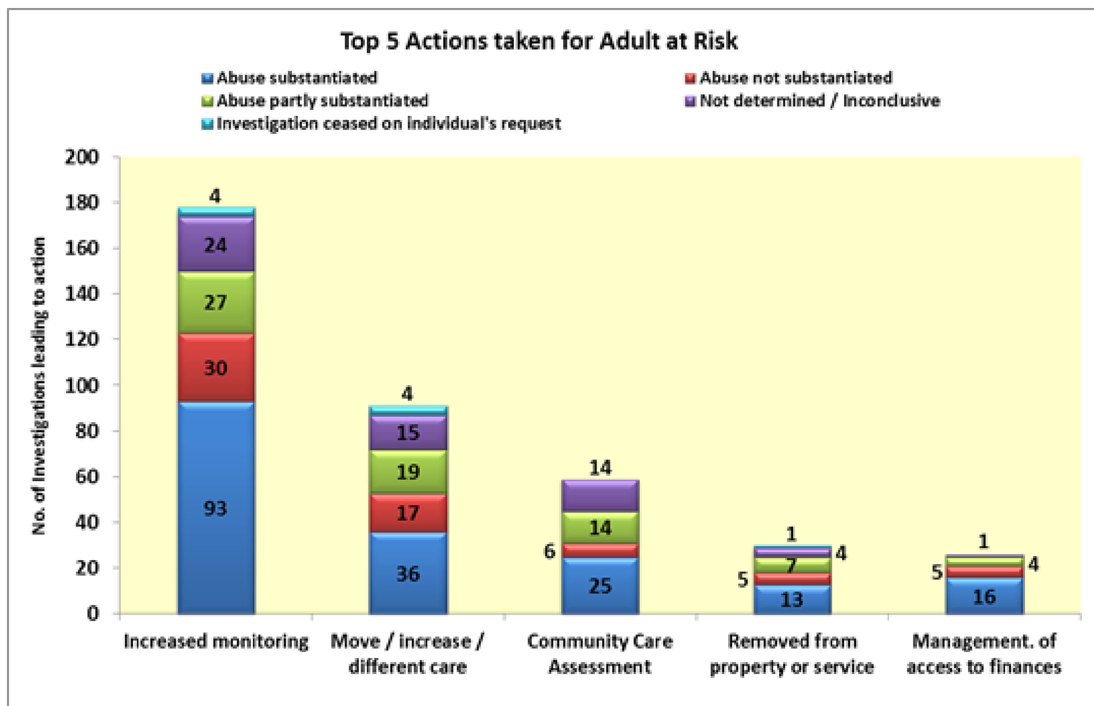


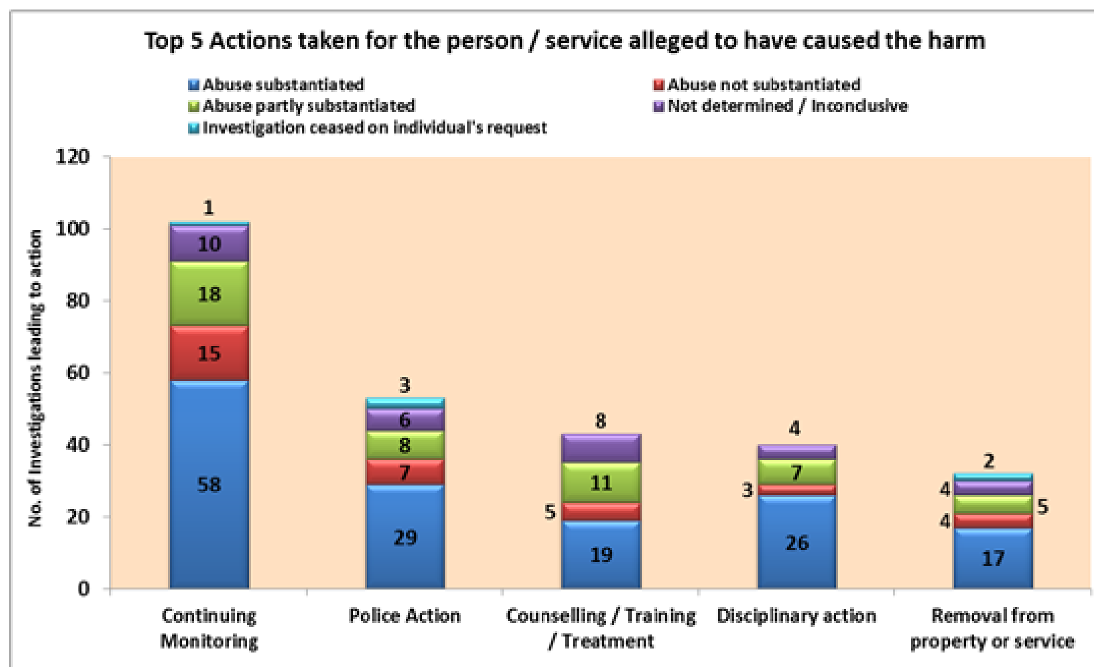
***In 2014/15 'supported accommodation' was recorded under 'other' location.**

Action Taken

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

The following charts provide a breakdown of the five most common actions taken during 2015/16, for both the adult at risk and the person alleged to have caused harm. Figures are broken down by enquiry outcomes.





In 2015/16, action was taken by CQC in 11 cases, compared with 17 in 2014/15 and three Criminal Prosecutions / Formal Cautions were made, compared with 14 in 2014/15.

Where applicable, during 2015/16, the desired outcome of the adult at risk was recorded and monitored. In 67% of applicable enquiries, the desired outcome was fully achieved and in a further 30% of enquiries, the desired outcome was partially achieved.

7 What we want to achieve 2016-18

In September 2015 BSAB Members and the Service Users Forum were asked for their organisations top six 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. From this event five priorities for the next two years (2016-2018) were agreed:

1. Personalisation
   The 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, 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. Adult Multi Agency Safeguarding Hub (MASH)
   An Adult MASH would provide a clear 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. To ensure adults at risk know how they can report crime with confidence, the process will aim to gain the best outcome for the victim.

4. Pressure Ulcers
   Pressure ulcers can be an indicator of neglect. However skin damage has a number of causes. Some relate to the individual person, such as poor medical condition, 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 referred as a safeguarding alert. This priority aims to embed the protocol across the identified roles.

5. Domestic Abuse
   A proportion of safeguarding work relates to abuse or neglect with 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. The BSAB has worked closely with the Domestic Violence and Domestic Violence Against Girls (VAWG) Board to ensure our plans are linked.

8. Useful contacts

Questions about this report

If you have any questions about this report, please contact Emma Coles, Safeguarding Adults Board Business Manager

Tel: 020 8359 5741
Email: emma.coles@barnet.gov.uk

Safeguarding training

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

Tel: 020 8359 6398
Email: asc.training@barnet.gov.uk

Safeguarding alerts

To raise any safeguarding concerns, contact Social Care Direct:

Tel: 020 8359 5000
Email: socialcaredirect@barnet.gov.uk

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AGENDA ITEM 8

Adults and Safeguarding Committee

19 September 2016

Title	**Revised business case on adult social care alternative delivery vehicle and implementation of the new operating model**
Report of	Dawn Wakeling, Adults and Health Commissioning Director
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Report on Public Consultation Appendix B: ADV Revised Business Case
Officer contact details	Kirk Chamberlain, Project Lead, Commissioning Group kirk.chamberlain@barnet.gov.uk Alan Mordue, Project Lead, Commissioning Group alan.mordue@barnet.gov.uk

Summary

In November 2015 the Adults & Safeguarding Committee approved the approach to a proposed new operating model for adult social care and agreed an approach to developing an outline business case for an alternative delivery vehicle. In March 2016, the Committee shortlisted three options for an alternative delivery vehicle; agreed to public consultation on the proposed operating model and the three delivery vehicles; and approved the approach to developing a revised business case with a recommended alternative delivery vehicle option to be brought to Committee for consideration in September 2016.

Public consultation and further analysis on the shortlisted delivery model options has now been completed. This paper presents the findings of the public consultation for consideration: the appraisal of the three alternative delivery vehicle options; and a progress report on work to test and pilot the proposed new operating model. The full findings of the

public consultation and a revised business case are attached as Annexes.

There have been significant changes in the strategic context for both NHS health commissioning and healthcare providers following the national policy requirement to develop five year Sustainability and Transformation Plans. This context has prevented a more detailed appraisal of the NHS shared service option. Nevertheless, the NHS shared service option still shows strong potential for significant improvements for Barnet's residents in the medium to longer term and is well aligned to the Council's direction of travel for health and social care integration, as set out in the Barnet Better Care Fund plan agreed by the Health and Wellbeing Board.

The Public Service Mutual option can deliver an additional catalyst for culture change and innovation through staff ownership and engagement. Changing to a PSM model would involve significant change for ASC staff and potentially would be a significant distraction from implementation of the proposed new operating model. It is also the least popular option in public consultation. A risk of the PSM option is that it has not been tried and tested widely enough in statutory services to provide sufficient confidence it would be successful in Barnet. Further, detailed financial modelling has shown that potential additional financial benefits through a PSM would have a long lead in time.

On this basis the report recommends that the public service mutual option is not taken forward and that further time is given to develop the NHS shared service option. A further Committee paper in 2017 would then present an updated business case comparing the NHS shared service option to the reformed in-house service.

The report also recommends that whilst this work is carried out, the proposed new operating model is implemented within the current service, in order to deliver the improvements it offers and in response to consultation feedback.

Recommendations

1. **That the Adults and Safeguarding Committee considers the findings of the consultation on the new operating model and the alternative delivery vehicle.**
2. **That the Adults and Safeguarding Committee agrees to the implementation of the new operating model within the current service.**
3. **That the Adults and Safeguarding Committee notes the context of long term planning for the NHS through the Sustainability and Transformation Planning process.**
4. **That the Adults and Safeguarding Committee agrees to the continued development of two delivery vehicle options: a reformed in-house service and a shared service with the NHS, with a further report to be brought to the Committee in 2017, containing more detail on the NHS shared service option.**

1. WHY THIS REPORT IS NEEDED

1.1 On 26 January 2015, the Adults and Safeguarding Committee agreed that Barnet's model for delivering social care needed to be transformed and approved the initiation of a project to consider alternative delivery models for Adult Social Care (ASC).

1.2 On 12 November 2015, the first output of this project, a proposed new operating model for ASC, was presented to the Committee. The new operating model is based on a vision of shared responsibility between the state, the community and the person. It recognises that the role of ASC is to support people's independence and ability to be part of their communities for as long as possible. The model proposes changes to what ASC practitioners do (their processes) and to how they do it (their team and organisational culture and their working practices). By helping people to stay healthy and well, supporting them to regain their independence after illness or injury, and encouraging them to make greater use of community resources, the new operating model aims to reduce demand for Council-funded care and support.

1.3 On 7 March 2016, the second stage of this project provided the Committee with an initial evaluation of alternative delivery vehicles for adult social care, following which three were shortlisted for further investigation: a reformed in-house service; a shared service with the NHS; and a public service mutual organisation.

1.4 Since the March committee decision, the following has been carried out:

- Development of a revised business case that develops the three shortlisted Alternative Delivery Vehicle (ADV) options in greater detail.
- Testing the proposed new operating model through culture and process change.
- Public consultation on how the new operating model should be implemented and on the three shortlisted ADV options. The consultation was explicit that the proposals described would apply to all adult social care practitioners including those working in mental health. This will ensure that the changes being implemented through the Mental Health Enablement Pathway are aligned with the rest of Adults and Communities.

1.5 The appraisal criteria used in the OBC presented to March committee were also used in the more detailed work undertaken in compiling the revised business case:

- Could this option deliver the required culture and process change?
- Could this option generate savings and / or additional income?

- Has this option been tested by other councils?

In addition, options were appraised against the following criteria:

- The likely timescales for implementation
- The projected cost of implementation
- The nature and level of service and financial risk presented by each option

1.6 The revised business case has been informed through the following activities:

- Analysis of consultation findings
- Legal analysis
- Financial modelling
- Engagement with staff and senior managers from the Adults and Communities (A&C) Delivery Unit
- Workforce analysis
- Further research
- Risk analysis

1.7 This report provides:

- A summary of the appraisal of Options A, B and C (section 2.1- 2.32).
- An update on work to test the new operating model (section 2.33 – 2.47).
- A report on the public consultation exercise (Appendix A).
- A revised business case developing each of the three shortlisted ADV options in greater detail (Appendix B).

2. REASONS FOR RECOMMENDATIONS

2.1 The alternative delivery vehicle work stream

2.2 The Adults and Safeguarding Committee reviewed the Outline Business Case (OBC) for a new way of delivering and organising ASC services in Barnet in March 2016 and approved the approach to developing the three shortlisted ADV options in more detail.

Option A: Reforming and delivering the service in-house

2.3 ASC services would continue to be delivered within the current organisational arrangements of the Council's A&C Delivery Unit, in partnership with Capita. The current transformation programme implementing the new operating model would be accelerated and enhanced to address financial and operational sustainability of the service.

2.4 This option had the highest level of support in the public consultation with 50% of respondents supporting it. However, respondents also stated a need for a cultural shift and improvement of current services.

2.5 Delivery of ASC through a council managed service is the most tried and tested delivery option, as it is currently in operation in Barnet and for the majority of ASC services in England.

2.6 Financial modelling has found that the in-house option will not enable the Council to deliver £1.96m savings through re-organising the service. However, the financial modelling has confirmed the potential for savings to be realised from third party spend by keeping people independent and well for longer through the successful implementation of the new operating model.

2.7 Engagement has taken place with staff from the ASC service in the Adults and Communities Delivery Unit, which has shown enthusiasm for the proposed new operating model to apply the strengths, based approach throughout the service user journey.

2.8 Under Option A, there would be no changes to terms and conditions and there are no plans to re-structure the service.

In terms of implementation, the reformed in-house option requires no implementation other than that required to implement the new operating model. This would apply to all three ADV options. In terms of risk, the risk to the Council does not change from the current position within the Delivery Unit.

Option B: Sharing services with public sector partner(s) such as local NHS organisations and/or other London Boroughs

2.9 The Council would join up with one or more local NHS organisations to deliver integrated health and social care services. As well as integrated front line delivery, it is envisaged that there would be a single organisation with an integrated social care and health management team, responsible for the delivery of local health services and ASC services.

2.10 The Council has been committed to health and social care integration with its Better Care Fund programme. The Council has previously agreed a business case for health and social care integration. The Better Care Fund plan for integrated care has been agreed by and is reviewed regularly at the Health

and Wellbeing Board. This integration journey would be continued and expanded upon under this option.

2.11 Since the OBC report to the Adults and Safeguarding Committee in March 2016, significant changes have been taking place in the NHS system. Guided by NHS England, health commissioners and providers are currently in the process of developing their five year 'Sustainability and Transformation Plans (STP)'; showing how local services will evolve and become sustainable over the next five years – ultimately delivering the future vision for the NHS as set out in the 'Five Year Forward View'. This process has had an impact on progressing a detailed options appraisal on an NHS shared service to present to Committee for the September meeting. It is now proposed to bring a further report on this to committee in 2017.

2.12 Public consultation showed 41% of respondents supported this option. Face to face engagement sessions also showed general support for this option.

2.13 Legally, a shared service with the NHS can be achieved through well-established mechanisms such as Section 75 agreements, as permitted by National Health Service Act 2006. This option further builds on local arrangements with a number of Section 75 agreements already in place.

2.14 It was not appropriate at this stage to undertake detailed financial modelling on this option. However it should be noted that the NHS is an important factor in any approach to create financial sustainability, as 55% of referrals to ASC services are received from primary and secondary health care providers.

2.15 Staff engagement showed that staff in the A&C Delivery Unit saw the benefits of further health and social care integration, in particular the smoother experience for service users receiving all their care through one joined up support pathway.

2.16 Further detail on the future organisational structure of this option would need to be developed with the Council's health partners. One of the key benefits of a full structural integration would be the opportunity to reduce duplication of effort between the different organisations and drive efficiencies in management capacity. It is therefore likely that this option would necessitate restructuring management arrangements. Implications regarding terms and conditions for the current A&C workforce would need to be considered as part of the next phase of detailed planning for this option.

2.17 A risk assessment of this option would be carried out during the detailed development of the option.

Option C: Establishing a public service mutual organisation

2.18 Public Service Mutuals (PSM), as alternative vehicles for service delivery have increased in popularity in recent years, though very few are to date fully operational providing adult social work and assessment. In its purest form, a PSM would be independent from the Council, any surplus it generated would be re-invested in the service and it would be at least partially owned by its staff.

2.19 Public consultation showed 63% of respondents opposed this option. This was also reflected in face to face engagement sessions, where, whilst recognising some potential for innovation and improvement through this option, there were concerns about a potential lack of accountability. Legal advice was sought on governance, procurement and tax issues and available legal structures of ownership of the model and their implications for the management of financial and organisational risk. A PSM would be subject to procurement rules and the Council would be required to tender the service at some point in the future. If this option were pursued, it would involve the setting up of an independent organisation with the required lead in times.

2.20 The benefits associated with PSMs can largely be described as soft benefits, such as a greater level of staff involvement and engagement, the opportunity to innovate and reducing some of the 'red-tape' that is often associated with working within the Council as a much larger organisation. As outlined in previous reports to Committee, our research and engagement has indicated that staff and service users in adult social care PSMs valued the opportunities they presented for culture change and a new relationship between residents and the service.

2.21 Detailed financial appraisal of this option has shown that it is very difficult to quantify these softer benefits in potential savings terms. Doing so is subject to a number of assumptions, many outside the direct control of the Council and therefore it remains too speculative to apply these softer benefits as the basis for a financial business case for creating a PSM. There are other savings that can be financially modelled with a greater degree of certainty, such as implementing a PSM with a streamlined management structure. However, these have shown not to deliver the necessary risk resilience against a backdrop of a service that is currently overspending on its' third party spend budget. Other PSMs have delivered workforce savings through changes to staff terms and conditions. However, this is considered to be a risky approach in the London and Barnet context of difficulties in recruiting and retaining social workers. Other means to achieve staffing savings in addition to those already in the Council's current MTFS are considered unlikely through a PSM. The financial modelling has shown the likely cost of implementing a PSM to be in the region of £750k, reducing the forecast financial net benefit for the

Council. If savings from reducing operational costs were to be achieved, they would not be realised within the current MTFS period to 2019/20, as modelling shows they would be realised at a minimum of four years after set up of the PSM.

2.22 Direct engagement with staff has shown limited support for this option, on the basis that implementing a PSM could release the energy to accelerate the changes introduced through the new operating model. A risk identified in implementing the PSM option is that it could reduce staff engagement in delivering the new operating model, as the focus turned to implementation of the organisational form of the PSM and staffing changes.

2.23 There are workforce implications with the PSM option because staff would transfer to the new organisation under TUPE arrangements. As set out above, operational savings from workforce terms and conditions are possible but risky in the current context for social care.

2.24 Because of the feedback from public consultation, the risks and the negligible financial benefit, it is proposed that the PSM option is no longer pursued as an alternative delivery model approach.

Testing the new operating model work

2.25 Following the Committee's decision in March 2016, work commenced alongside the public consultation to test out the proposed new operating model through trialling practice, culture and process change, through three key activities:

- Piloting two Adults Assessment Hubs in Barnet, where users and carers had their discussions with a social worker in a clinic type setting. This is intended to reduce waiting times for users and carers and improve productivity. User feedback has been collected from these trials on: communication about the appointment; getting to the appointment and the venue; the results of the appointment. Client satisfaction with hub appointments was very high.
    - Training social workers to follow strengths-based practice and work in accordance with the principles of the proposed new operating model.
    - Developing the mental health enablement pathway, so that more users can benefit from the preventative and enabling approach of the Barnet model carried out by the Network service, and as agreed by Committee in September 2015.

2.26 Each of these activities are committed to a co-design approach involving staff, service users, residents, carers and partners to validate direction and participate in the development wherever appropriate.

Strengths-based practice

2.27 The strengths-based practice trial set out to make fundamental changes to what social care practitioners do and how they do it. Practitioners were asked to take a different approach to their work and apply new ways of thinking, new skills and new behaviours From 9 May to 24 June 2016, a cohort of 13 individuals were trained using a co-design approach both to test the model of practice and inform the future training sessions Feedback from individual staff members participating in the first cohort has been mainly positive regarding a change to frontline social care practice and that they feel empowered by the co-design approach.

2.28 Subject to committee's final endorsement of the operating model, the intention is that all staff will have completed the strengths based practice training by the end of March 2017. Data will continue to be collected to show the extent to which strengths-based practice is being used by practitioners and the impact it is having.

2.29 The Barnet Enablement Pathway for mental health will be implemented together with the staff restructure as articulated in the Barnet Enablement Pathway Business Case

Consultation

2.30 The full consultation report is attached as Appendix A. The proposals relating to the new operating model included: using a strengths-based approach; local hubs for assessments; a collaborative approach with the Community and Voluntary sector (CVS); and enhanced online and preventative services.

2.31 A majority of respondents to the public consultation supported both the strengths-based approach and the use of hubs for assessments. The qualitative responses, whilst not all positive, identified important areas which will be taken into account in an operational implementation of the approaches, such as ensuring that home visits are still available for those who need them

2.32 The proposals for a collaborative approach with the CVS were supported by a majority of respondents to the public consultation. The qualitative feedback has provided a depth of consideration and thought which will be particularly helpful in the implementation of the proposed new operating model.

2.33 Similarly, the majority of respondents to the public consultation thought that extending the information and advice the Council provides about access to adult social care support would be effective. However, only 42% of respondents thought that introducing new online services would be effective. Comments included concerns about online information not being suited to

older people, those who have serious or long term sickness, those with learning disabilities and the visually impaired.

2.34 Staff and user feedback on the new operating model has been very positive. Quantitative feedback to the public consultation was positive and the qualitative feedback, whilst not completely positive, identified important areas to consider to make the approach successful.

2.35 Implementation of the new operating model should take into account the feedback from the consultation and follow, as far as practical, a co-design approach with staff & residents. In addition, its implementation will be co-ordinated with digital initiatives taking place as part of the Customer Access Strategy and elsewhere in the Council to ensure that they are aligned with the new operating model.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The PSM option has been considered and is not recommended for further development as an alternative delivery vehicle.

4. POST DECISION IMPLEMENTATION

4.1 The next stage of the work will be delivered through two elements:

4.2 Officers will continue to work up the NHS shared services option and present an updated business case to the Adults and Safeguarding Committee in 2017.

4.3 Work will be carried out to further develop assessment hubs, strengths-based practice, and the mental health enablement pathway. In this, the focus will be to develop the culture change and improved outcomes described in the outline case for the new operating model. This work will include a co-design approach with staff & residents and take into account the feedback from consultation and staff engagement. The work will also be coordinated with other work in the Council on the Customer Access Strategy.

5. IMPLICATIONS OF DECISION

Corporate Priorities and Performance

5.1 Successful implementation of the Commissioning Plan, of which this work is part, will help to support and deliver the following 2015 – 2020 Corporate Plan objectives for health and social care services:

- To make a step change in the Council’s approach to early intervention and prevention as a means of managing demand for services.
- To remodel social care services for adults to focus on managing demand and promoting independence, with a greater emphasis on early intervention.

- To implement the Council's vision for adult social care, which is focused on providing personalised, integrated care with more residents supported to live in their own home.

5.2 This approach is consistent with the Joint Health and Wellbeing Strategy 2016-2020 which sets out a vision that includes continuing emphasis on prevention and early intervention; developing greater community capacity; increasing individual responsibility and building resilience.

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

5.3 The Council's net revenue budget for Adults and Communities (including staffing costs, supplies and services, payments to external suppliers and client contributions) is £85.6m in 2016/17.

5.4 The ADV project has a savings target of £1.96m between 2017/18 – 2019/20 (£654,000 per annum in 2017/18, 2018/19 and 2019/20).

5.5 Updated financial appraisal undertaken as part of this work, has shown that neither the reformed in-house, nor the PSM option are going to realise the savings target through operational efficiencies. The PSM option will incur start-up costs and benefits would be realised a minimum of four years after start up. The impact on savings profile will be addressed as part of the business planning process and come back to Adults and Safeguarding Committee for recommending to Policy and Resources Committee for approval.

5.6 Through this work we have begun modelling the impact the implementation of the new operating model is likely to have on current and projected future demand on service spend and we continue refining this view to ascertain required measures to deliver the MTFS savings assigned to ASC for the financial years of 2017/18-2019/20. The new operating model is considered to be important in delivering the savings through the practice model reducing demand for funded social care.

5.7 A total budget of £1.26m for the ADV project was approved by the Council's Policy & Resources Committee on 16 February 2016, to be funded from the Transformation Reserve Fund. This budget includes the cost of implementing the selected ADV model. This funding will continue to fund the further project management of the operating model implementation.

Legal and Constitutional References

5.8 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution – Section 15 Responsibility for Functions (Annex A). Specific responsibilities for those powers, duties and functions of

the Council in relation to Adults and Communities include the following specific functions:

- Promoting the best possible ASC 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 Wellbeing Strategy and its associated sub strategies.
- Ensuring the Council's safeguarding responsibilities are taken into account.

5.9 The Care Act 2014 permits increased flexibility to Councils to delegate services and responsibilities to other parties, in comparison with previous legislation. This is contained in section 79 of the Act. Subsection 2, section 79 specifically excludes the following: promoting integration with Health; co-operation; charges; safeguarding adults at risk; and powers contained within section 79.

5.10 When making decisions around service delivery, the Council must consider its public law duties. This includes its public sector equality duties and consultation requirements as well as specific duties in relation to ASC.

Risk Management

5.11 The project has been and will continue to be managed within the Council's risk management framework.

5.12 A key activity throughout this stage has been assessing the risk of each option including financial and legal risks as well as using public consultation and staff engagement to identify risk (opportunities and threats) to inform the options appraisal.

Equalities and Diversity

5.13 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.

5.14 The protected characteristics are:

- Age
- Disability
- Gender reassignment

- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

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

5.16 An initial equalities impact assessment (EIA) of the proposed new operating model was completed in October 2015 and included as part of the strategic outline case presented to the Adults and Safeguarding Committee on 12 November 20151. The EIA showed "no impact anticipated" for residents and service users and "impact unknown" for staff. This EIA was reviewed by the lead officer in February 2016 as part of the development of the outline business case2 and no requirement to update it was identified.

5.17 The EIA was reviewed again in August 2016, following completion of public consultation on the proposed new operating model and the delivery vehicle options.

5.18 Impact for residents and service users

5.19 Responses to the consultation raised concerns about the potential equalities impact of two aspects of the proposed new operating model. The first was using local hubs to help people whose query cannot be resolved over the telephone. The consultation responses highlighted a number of groups who may experience difficulties in accessing a local hub

- People with physical disabilities and/or chronic conditions who may find travel difficult and would need the hub to be wheelchair-accessible
- People who are deaf may need a sign language interpreter to be available at the hub, and people with communication difficulties may also need special arrangements to be made for them
- People with dementia or with mental health needs may find it difficult to leave their home and could find the experience of visiting a hub overwhelming
- People on a low income who may struggle with travel costs

5.20 Some responses were concerned that where a person did need a home visit;

[1] See Appendix C: Equalities. http://barnet.moderngov.co.uk/documents/s27172/Appendix%20A%20Strategic%20outline%20case%20for%20a%20future%20operating%20model%20for%20adult%20social%20care.pdf

[2] See Appendix G: Equalities. http://barnet.moderngov.co.uk/documents/s30110/Alternative%20delivery%20model%20for%20Adult%20Social%20Care%20appendix%20-%20OBC.pdf

they should not wait significantly longer for their appointment than people who were able to visit a hub.

5.21 The second area of concern was improving and extending the information and online services on our website to help people make more informed choices and decisions about their social care support. The consultation responses highlighted a number of groups who may find it difficult to access online services:

- People with literacy problems
- People with visual impairment or low vision
- People with dementia
- People with learning disabilities
- People who do not feel confident about using a computer, and/or do not have access to a computer at home. Some respondents identified older people as being less likely to be able to access online services

5.22 Respondents thought that the same information and services that were available online should be made readily available through other channels to ensure equality of access for people who cannot use online services.

5.23 The EIA already reflected the importance of ensuring that people who cannot travel to hubs or use online services are not adversely affected by these proposals. It has been reviewed and extended to include and address the specific concerns raised in the consultation responses. The assessment of the overall impact for residents and service users remains "no impact anticipated".

5.24 Impact for staff

5.25 The proposed new operating model would change the way that staff in the Adults and Communities Delivery Unit work, including:

- Applying a strengths-based approach to assessments and reviews Carrying out more assessments, reviews and other interactions in local community hubs, and fewer in people's own homes
- Working with local voluntary and community sector groups as equal partners to deliver some parts of adult social care

5.26 However the proposals have not yet been developed at a sufficient level of detail to enable the potential impact upon employees to be identified. The way in which these proposals are implemented may also depend upon the decisions taken around the alternative delivery vehicle options. Therefore the potential impact for employees remains "not known" at this stage of the project.

5.27 As described in this report, staff in the Adults and Communities Delivery Unit have been closely involved in designing and preparing for implementation of

the proposed new operating model. Groups of staff have taken an active role in piloting local community hubs and trialling strengths-based practice and greater numbers of staff will be involved as the new operating model is developed further.

5.28 The remaining two shortlisted ADV options are unlikely to have an equalities impact upon ASC service users because both options are structures through which the new operating model would be delivered. However, not enough is yet known about how the NHS shared service option would be implemented to say for certain that choosing this ADV option will not have an equalities impact upon service users. Therefore the potential impact on service users will be reviewed prior to submission of the further business case in 2017.

5.29 The NHS shared service ADV options would affect Adults and Communities Delivery Unit employees, with reference to which organisation employs them, and potentially their terms and conditions of employment and their job roles. However, not enough is yet known about this ADV options would be implemented to be able to say what the equalities impact would be under; which staff would be affected and in what ways they would be affected. Therefore the potential impact on employees will also be reviewed prior to submission of the further business case in spring 2017.

Consultation and Engagement

5.30 Both the Adults and Safeguarding Commissioning Plan and the Council's plans for implementing the Care Act 2014 were subject to public consultation.

5.31 The new operating model and the alternative delivery vehicle options have been shaped and refined through engagement with residents, service users, partner organisations and Council staff.

5.32 Whilst there is no statutory requirement to consult on the proposed new operating model and alternative delivery vehicle at this stage, the Council has done so in order to be transparent and to continue to involve residents in development of the project.

5.33 The proposed new operating model and the alternative delivery vehicle options have been the subject of public consultation in spring/summer 2016, and the consultation findings are presented to the Adults and Safeguarding Committee in September 2016 as part of this report.

5.34 The reasons for the new operating model were set out in the report to this Committee on 12 November 2015 when the approach to the proposal was approved by the Committee.

6. BACKGROUND PAPERS

6.1 The Adults and Safeguarding Committee approved its Commissioning Plan on 20 November 2014, subject to consultation.
http://barnet.moderngov.co.uk/documents/s19320/Business%20planning.pdf
http://barnet.moderngov.co.uk/documents/s19321/Appendix%20A%20-%20Commissioning%20Plan.pdf

6.2 The Adults and Safeguarding Committee approved initiation of a project to identify an alternative delivery model for ASC on 26 January 2015.
http://barnet.moderngov.co.uk/documents/s20572/AS%20committee%20ADM%20report%20011v10.pdf

6.3 The Adults and Safeguarding Committee approved the final version of its Commissioning Plan on 19 March 2015.
http://barnet.moderngov.co.uk/documents/s22061/Adults%20and%20Safeguarding%20Commissioning%20Plan.pdf
http://barnet.moderngov.co.uk/documents/s22062/Appendix%20A%20-%20Adults%20and%20Safeguarding%20Commissioning%20Plan.pdf

6.4 The Adults and Safeguarding Committee approved the approach to a new operating model for ASC on 12 November 2015.
http://barnet.moderngov.co.uk/documents/s27171/A%20new%20operating%20model%20for%20adult%20social%20care.pdf

The appendix to this report (the strategic outline case) describes the proposed new operating model in detail.
https://barnet.moderngov.co.uk/documents/s27172/Appendix%20A%20Strategic%20outline%20case%20for%20a%20future%20operating%20model%20for%20adult%20social%20care.pdf

6.5 On 7 March 2016, the Adults and Safeguarding Committee approved the three shortlisted options for an alternative delivery vehicle, the proposed new operating model subject to consultation and the approach to developing a further business case that will present a single recommended alternative delivery vehicle option to the Committee.
http://barnet.moderngov.co.uk/documents/s30109/Alternative%20delivery%20model%20for%20Adult%20Social%20Care.pdf

Appendix A

Changing the way we deliver and organise adult social care in Barnet

Final Consultation Report

May 2016 to August 2016
Consultation

SECTION 1

Executive Summary

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

1. EXECUTIVE SUMMARY

This report sets out the detailed findings from the consultation on Changing the way we deliver and organise adult social care in Barnet, which will be considered by Adults and Safeguarding Committee on 19 September 2016.

2. Summary of approach

2.1 Preliminary consultation and engagement

The council has already undertaken work to inform the council's development of an Outline Business Case and three preferred delivery model options. This included meetings and workshops held with a range of stakeholders including service users and carers, Adults and Communities Delivery Unit staff and local voluntary and community sector groups to develop proposals. Key dates and activity is summarised below:

- 26 January 2015 – Adults and Safeguarding Committee approved initiation of a project to identify an alternative delivery model for ASC.
- August 2015 - December 2015 – stakeholder events held to develop proposals.
- 12 November 2015 - Adults and Safeguarding Committee approved the approach for a new operating model for ASC.
- 7 March 2016 – Adults and Safeguarding Committee confirmed its approval of the proposed new operating model and agreed to public consultation on the operating model and three shortlisted delivery vehicle options, for consideration of a recommended alternative delivery model in September 2016.

The full reports considered by the Adults and Safeguarding Committee can be accessed at this link:
http://barnet.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=698

2.2 Formal consultation

A summary of the key findings are outlined on the following pages. Detailed findings can be found in Sections 2 and 3 of this report.

2.2.1 Summary of method

The general consultation consisted of an online questionnaire published on http://engage.barnet.gov.uk together with a consultation document which provided detailed background information about the council's budget setting process and the financial challenges the council faces. Paper copies and an easy read version of the consultation were also made available on request.

The consultation was widely promoted via the council's residents' magazine, Barnet First; the council's website; Twitter; Facebook; Area Forums; and posters in libraries and other public places.

Statutory Bodies and key stakeholders such as CCG, HealthWatch Barnet, CVS organisations and People Bank contacts (a database of around 300 people who have

expressed an interest in the work of Adults and Communities) were also contacted direct and invited to take part in the consultation.

Adults and Communities Delivery Unit Staff were encouraged to respond to the questionnaire, and to participate in staff briefing and engagement sessions held in July and August.

2.2.2 Response to the consultation

A total of 72 questionnaires and responses have been completed by the general public, interested groups and statuary bodies; 69 through Engage Barnet (online questionnaire), two easy read questionnaires (paper copy), and one narrative email response.

The general public consultation response cannot be compared to the borough's population in its entirety due the low completion rate of the diversity monitoring questions (43 per cent of respondents did not answer these questions).
Of those who did complete the diversity monitoring questions, younger residents are underrepresented and older residents are significantly over represented. There is also a significant over representation of white respondents and a significant under representation of Black and Asian respondents.

For more information on how the results of the questionnaire responses have been reported and interpreted please refer to Section 2 of the detailed findings report.

Three consultative events were also held with groups of stakeholders. Feedback from those events is contained in Section 3 of this report.

3 Summary of key findings

3.1 Proposal for applying a strength-based approach to assessments and reviews

3.1.1 Views on applying a strength-based approach – quantitative results

Respondents were asked to what extent they agreed or disagreed with the council's proposal to apply a strength-based approach to assessments and reviews. Seventy-two responses were received to this question.

The chart below shows over half of respondents (37 or 51%) strongly agreed or tended to agree with the proposal to apply a strength-based approach to assessments and reviews, with 17 (24%) in disagreement.

Response	Number	Percentage
Strongly agree	16	22%
Tend to agree	21	29%
Neither agree nor disagree	11	15%
Tend to disagree	10	14%
Strongly disagree	7	10%

Don't know / not sure	7	10%
Total responses	**72**	**100%**

3.1.2 Analysis of responses – reasons given for views on applying a strength-based approach

Respondents were asked to give reasons for their views on applying a strength-based approach. There were 51 responses to this question, 49 of which provided comments.

While a majority of respondents expressed agreement to the proposal, the largest number of comments received (30%) expressed a concern that a strength-based approach could place too much onus on families and friends or the CVS and emphasised that professional homecare will be the only suitable option in some situations. Similarly, 14% of comments noted the Council has a duty of care and needs to ensure that everyone receives the care they need. There was also concern that the approach assumes that everyone is able to identify their own needs, and that this could in some cases lead to serious issues being overlooked.

Of those comments in support, the largest proportion of comments noted that empowering people to have more control and focussing on individuals' needs was a positive step, and that this approach seems sensible and appears to have worked well from other examples.

Feedback from the consultative events also indicated there was broad support for a strength-based approach, alongside cautionary comments that not everyone has access to friends and family, and that vulnerable people often need help to articulate their needs and to fill in forms.

3.2 Proposal to use local hubs for assessments and reviews

3.2.1 Views on the proposal to use local hubs for assessments and reviews – quantitative results

Respondents were asked to what extent they agreed or disagreed with the council's proposal to use local hubs for assessments and reviews. Sixty-three responses were received to this question.

A majority (57%) of respondents agreed with the proposal to use hubs (27% strongly). Of the remainder 26% disagreed (13% strongly), with 18% neither agreed nor disagreed or don't know/ not sure.

3.2.2 Analysis of responses – reasons given for views on the proposal to use local hubs for assessments and reviews

Respondents were asked to give reasons for their views on the proposal for using local hubs for assessments and reviews. There 55 responses to this question 52 of which provided comments.

While a majority of respondents had expressed agreement with the proposal, the largest number of comments (39%) emphasised the importance of recognising that some people would not be able to access a hub due to disabilities, hearing difficulties, frailty or difficulty with transport, and would need a home visit. On a similar theme, a smaller number noted that a hub appointment may not be suitable for those with very complex needs, and that a visit to a person in their home environment may be needed to provide a complete picture of a person's circumstances and needs. Other concerns included a view that the hubs model places too much reliance on unqualified staff to deliver services, and logistical and resource concerns.

There were also a large number of comments in support of hubs, the largest proportion of which (20% of comments) expressed the view that providing people with access to multiple services from one location would improve accessibility and speed of services. Several comments also viewed the opportunity for more face to face communications via hubs as being a positive development (9%) and noted it would save money/ make better use of staff time (7%).

Other comments expressed a concern that the council needs to retain a duty of care and follow up on any missed appointments, and a concern that it will take time for a range of organisations and services to work well together and for hubs to work well in practice.

Feedback from the consultative events indicated there was a general level of support for the idea of hubs, with some discussion around areas of concern. Reassurance was sought around how continuity of care would work in practice in a hub situation, and there was anxiety that those in hubs may be non-skilled, have no practical knowledge and only be there short-term. It was also stressed that there needs to be accountability. Other feedback included concern that some people may have difficulty in accessing hub, and transport needed to be considered. There was also particular concern that the needs of the deaf community be considered and taken into account in implementing the hubs.

3.3 Proposals for a collaborative approach with the Community and Voluntary Sector

3.3.1 Views on the proposal for a collaborative approach with the Community and Voluntary Sector – quantitative results

Respondents were asked what extent they agreed or disagreed with the proposed collaboration with the CVS as outlined in the consultation. Sixty responses were received to this question.

Over half (58%) of respondents agreed with the proposed collaboration with the CVS, including 23% strongly agreed. Twenty-seven per cent tended to disagree or strongly disagreed, and approximately 15% neither agreed nor disagreed or were not sure.

3.3.2 Analysis of responses – reasons given for views on the proposal for a collaborative approach with the Community and Voluntary Sector

Respondents were asked to give reasons for their views on the proposed collaborative approach. There were 50 responses to this question 48 of which provided comments.

The largest proportion of comments (40%) expressed broad support of working with the CVS, with some specifically commenting on the strength of CVS services in Barnet. The next largest number of comments noted the limitations to the CVS resource and emphasised that some people will need professional social care assessment and support. Other common comments provided particular suggestions for how this should work in practice /caveats to their support for the approach, including that the CVS will need additional funding, volunteers will need training, or that the CVS will need monitoring for the collaborative approach to work in practice.

Other points made included a need to ensure accessibility of services to vulnerable groups such as those who are disabled, mentally ill, or deaf, and a concern that privacy and data protection would need to be appropriately protected.

Feedback from the consultative events also gave general support for the proposal for increased collaboration with the CVS. A common view was that there are many CVS organisations which want to help more, and it was noted that volunteers in the community can alleviate pressure on carers who are often elderly and are also a great asset as they care and are enthusiastic. The limitations of the use of the CVS were also discussed; it was noted that there may be an issue working with volunteers when there is not a line management relationship, and that there is a cost to establishing and maintaining volunteer networks. Some noted that volunteers may need training and support as issues can be complex.

3.4 Three proposals for enhanced online and preventative services

3.4.1 Views on three proposals for enhanced online and preventative services - quantitative results

Respondents were asked to what extent they considered the following proposals will be effective in helping people make more informed choices about their adult social care support:

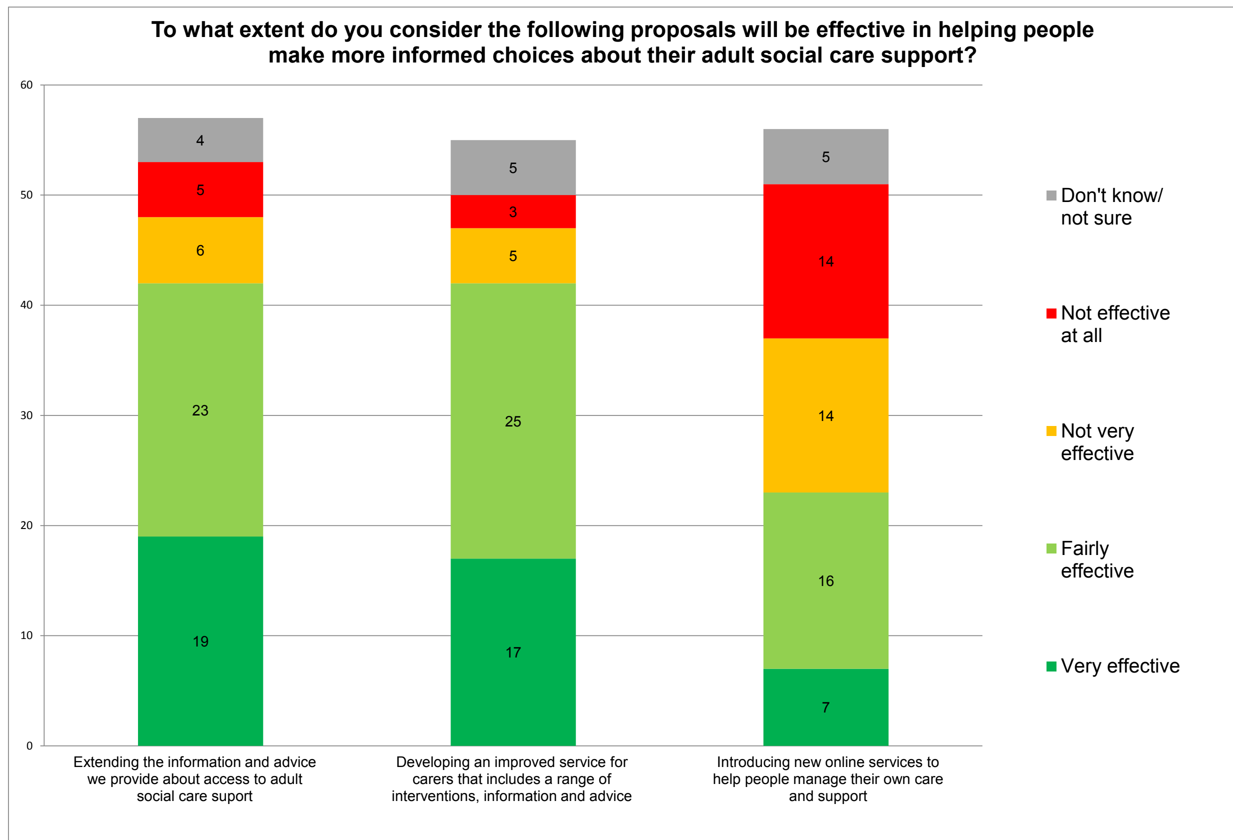
a) Extending the information and advice we provide about access to adult social care support
b) Developing an improved service for carers that includes a range of interventions information and advice
c) Introducing new online services to help people manage their own care and support

Between 55-57 responses were received on each of these questions.

The results show that 73% of respondents considered that extending the information and advice we provide about access to adult social care support' would be effective

(33% very effective). Similarly, 76% considered that developing an improved service for carers that includes a range of interventions information and advice would be effective (31% very effective). In contrast, only 42% considered that introducing new online services to help people manage their own care and support would be effective (13% very effective), with 50% per cent considering this would be ineffective (25% not effective at all and 25% not very effective).

The chart below summarises the results.



3.4.2 Analysis of responses – reasons given for views on the three proposals

Respondents were asked to give their reasons if they felt any of the above three proposals would not work well. There were 38 responses to this question, all of which provided comments.

Most respondents on this question commented on the proposal to introduce new online services to help people manage their own care and support. A large majority of comments (68%) noted that online and digital means of communications would not suit everyone, and particularly highlighted many older people, those who have serious or long term sickness, those with learning disabilities and the blind. On a similar theme, 18% of responses commented that face to face communications are more effective and appropriate for some people, while 11% noted that not all people will have access to technology. Other comments made echoed concerns raised in other survey question responses, including concerns regarding ensuring access to services to all, resource concerns and comments that some people may require higher levels of support.

Similar points were picked up in the consultative events. While enhanced provision of online services was welcomed for those that can use them, a key theme was concern that it be recognised that not everyone is able to use online services. The point was also made that online provision needs to be accessible – both through consideration of location/ transportation and physical access, and ensuring information and services can be accessed by those with learning disabilities and the visually impaired.

3.5 Summary of views on the way in which the delivery of adult social services will be organised

Part 2 of the consultation focused on the way in which the delivery of adult social services will be organised, and presented three options for consideration and comment.

3.5.1 Views on Options A, B and C - quantitative results

Respondents were asked to what extent they supported or opposed the following options:

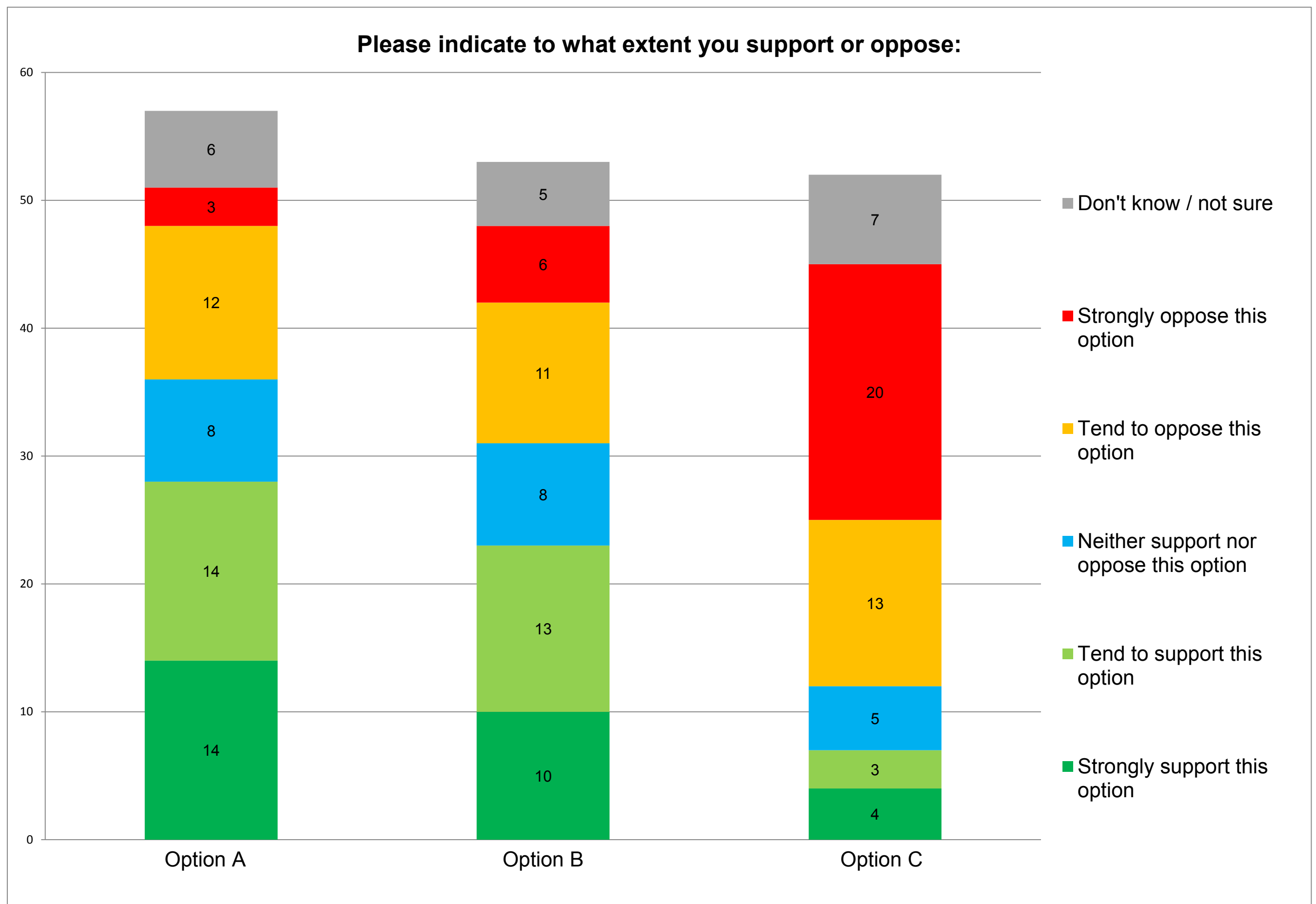
- Option A – Keeping the adult social care service within the council
- Option B – Creating a shared service with one or more local NHS organisations
- Option C – Establishing a public service mutual

Between 52-57 respondents answered these questions.

The results showed Option A had the strongest support (50% overall) and least opposed (26% overall). This was followed by Option B (41% overall support and 30% overall opposed). There was significant opposition to Option C; only 14% overall support compared to 63% opposed overall (38% strongly opposed). For all three options there was a similar proportion (10-14%) who neither supported nor opposed the options.

The full results are shown below:

Please indicate to what extent you support or oppose:						
	Option A		**Option B**		**Option C**	
Response	**Number**	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**
Strongly support this option	14	25%	10	18%	4	8%
Tend to support this option	14	25%	13	23%	3	6%
Neither support nor oppose	8	14%	8	14%	5	10%
Tend to oppose this option	12	21%	11	19%	13	25%
Strongly oppose this option	3	5%	6	11%	20	38%
Don't know / not sure	6	11%	5	9%	7	13%
Total	**57**	**100%**	**53**	**93%**	**52**	**100%**



Detailed analysis on the other open ended questions on each Option is provided in Section 2 of this report.

3.5.2 Views on the impact respondents thought Options A, B and C would have on them and their families - quantitative results

Respondents were also asked what impact they thought Option A, Option B and Option C will have on them and their family. Between 50-51 respondents answered these questions.

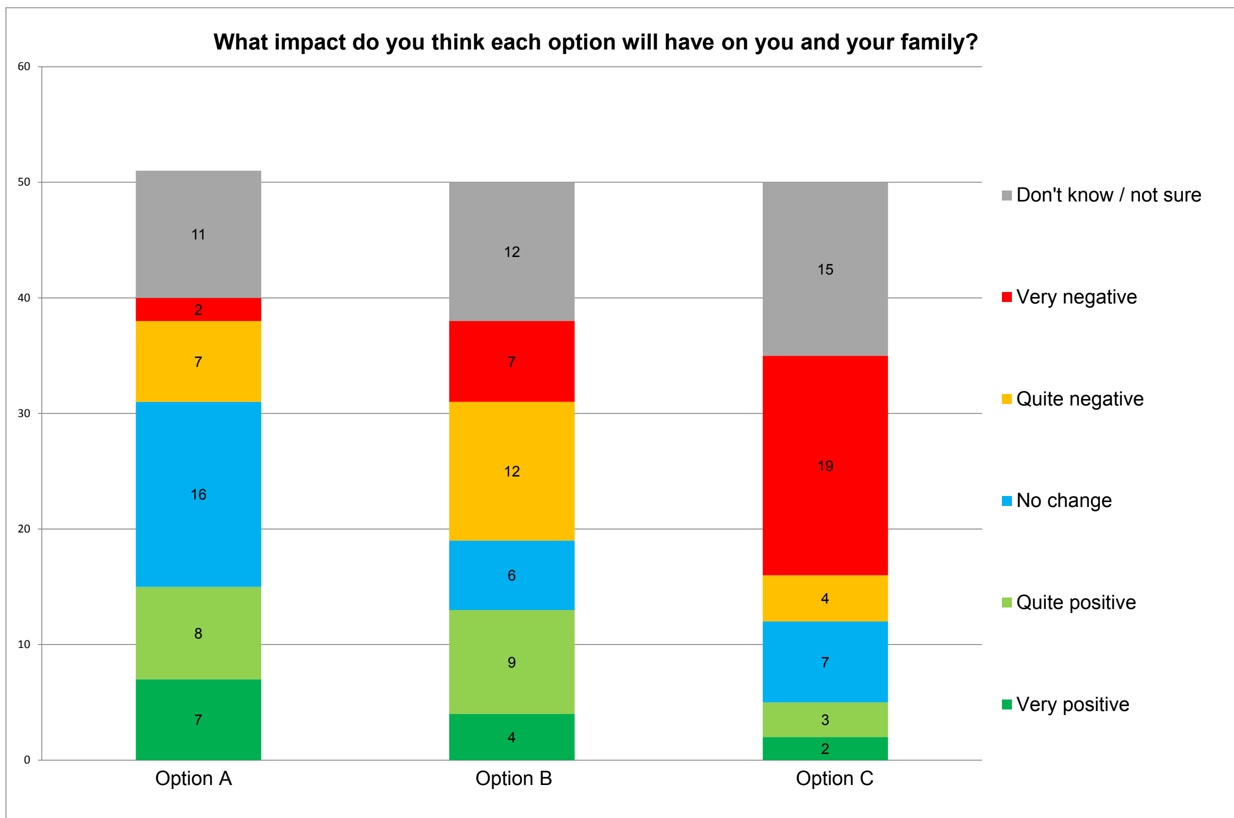
In summary:

- A majority of responses on Option A (31%) felt there would be no change on the impact to them and their family.
- A majority of responses on Option B (38%) felt the impact would be negative.
- A majority of responses on Option C (46%) felt the impact would be negative (38% very negative).

The option that received most support was Option A, 30% of which considered the impact on them and their family would be positive.

The full results are shown below:

What impact do you think each option will have on you and your family?						
	Option A		Option B		Option C	
Response	**Number**	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**
Very positive	7	14%	4	8%	2	4%
Quite positive	8	16%	9	18%	3	6%
No change	16	31%	6	12%	7	14%
Quite negative	7	14%	12	24%	4	8%
Very negative	2	4%	7	14%	19	38%
Don't know / not sure	11	22%	12	24%	15	30%
Total	**51**	**100%**	**50**	**98%**	**50**	**100%**



Detailed analysis on the other open ended questions on each Option is provided in Section 2 of this report.

SECTION 2

Detailed Findings

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

1. BACKGROUND

The consultation outlined that across the country, adult social care is under growing pressure. The amount of money available for councils to spend has reduced and will continue to reduce over the coming years, and there is also growing demand for adults social care services. The consultation set out that to address these challenges the council has set out proposals for:

- a new way of **delivering** adult social care in Barnet that will help people to stay well, to recover quickly from illness or injury, and to draw upon the support that their family, friends and the local community can give them
- a new way of **organising** our adult social care services, that supports the new way in which we want to deliver adult social care services. Three models are proposed.

The consultation sought views on these proposals.

1.1 Preliminary consultation and engagement

The council has already undertaken work to inform the council's development of an Outline Business Case (a new way of delivering adult social care) and three preferred delivery model options. This included meetings and workshops held with a range of stakeholders including service users and carers, Adults and Communities Delivery Unit staff and local voluntary and community sector groups to develop proposals. Key dates and activity is summarised below:

- 26 January 2015 – Adults and Safeguarding Committee approved initiation of a project to identify an alternative delivery model for ASC.
- August 2015 - December 2015 – stakeholder events held to develop proposals. Details of these events are contained in the 7 March 2016 report to Adults and Safeguarding Committee.
- 12 November 2015 - Adults and Safeguarding Committee approved the approach for a new operating model for ASC.
- 7 March 2016 – Adults and Safeguarding Committee confirmed its approval of the proposed new operating model and agreed to public consultation on the operating model and three shortlisted delivery vehicle options, for consideration of a recommended alternative delivery model in September 2016.

The full reports considered by the Adults and Safeguarding Committee can be accessed at this link:
http://barnet.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=698

1.2 Formal consultation – technical details and method

This report sets out the detailed findings from the formal consultation on Changing the way we deliver and organise adult social care in Barnet, which consisted of:

- Survey on the proposals for the way we deliver and organise adult social care in Barnet

- Consultative events with stakeholders (7th, 12th and 26th July)
- Alternative format consultation feedback

Engagement briefings and workshops were also held with Adults and Communities delivery staff. These did not form part of the formal consultation and are therefore not detailed in this report. The input from those sessions has however been taken into account to inform the analysis and recommendations in the report to the Committee.

The consultation was administered as follows:

- The Consultation was open for thirteen weeks, from 19th May 2016 to 15th August 2016.
- The consultation was published on Engage Barnet http://engage.barnet.gov.uk together with a consultation document which provided detailed background information.
- Paper copies and an easy read version of the consultation were also made available on request.
- Respondent's views were gathered via an online survey. Paper copies of survey responses, hard copy and email free form narrative responses were also accepted.
- The consultation was widely promoted via the council's council website; local press; Twitter; Facebook; Area Forums; and posters in libraries.
- Statutory Bodies and key stakeholders were contacted directly, i.e. CCG, HealthWatch Barnet, CVS organisations and People Bank contacts, and invited to take part in the consultation.
- Staff were informed of the consultation and encouraged to respond to the questionnaire, as well as participate in briefing and engagement sessions in July and August.

1.3 Questionnaire design

The questionnaire was developed to ascertain residents' and other stakeholders' views on the proposals for the way in which services will be delivered (the new operating model) and also three shortlisted options on how service will be organised in the future (the alternative delivery model). In particular the consultation invited views on:

- The proposed approach for the way in which services will be delivered
- Level of support/ opposition for each of the three proposed organisation models.

In order to enable further understanding and in-depth analysis the questionnaire also included:

- Open ended questions, where respondents were invited to write in any comments on the reason behind some of their answers. This included reasons for their support or opposition of the approach and proposals and what impact they felt each of the three options would have on them and their family, and why.
- Key demographic questions to help understand the views of different demographic groups.

Throughout the questionnaire and where applicable hyperlinks were provided to the relevant sections of the consultation document. Those respondents who elected to receive a paper copy were also sent the consultation document.

1.4 Response to consultation

A total of 72 questionnaires and responses have been completed by the general public, interested groups and statuary bodies; 69 through Engage Barnet (online questionnaire), two easy read questionnaires (paper copy), and one narrative email response.

In addition, three consultative events were held with stakeholders on 7th, 12th and 26th July. Those findings are reported in Section 3 of this report.

1.5 General Public Response and Profile

The Figure below shows the profile of those who responded to the full questionnaire.

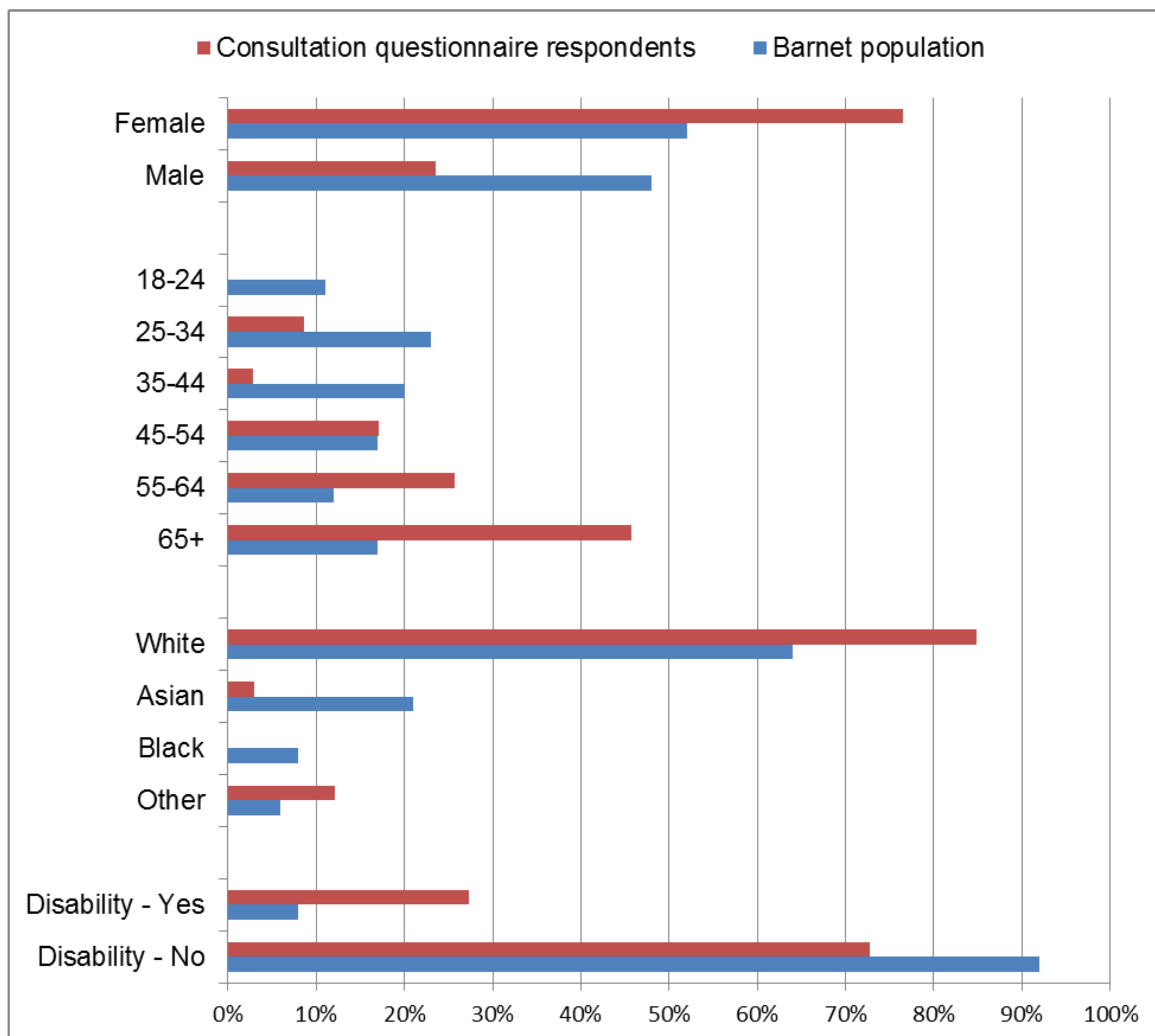
a. *Figure 1.1: General Public Sample Profile (Below)*

Response	Number	Percentage
A local voluntary sector organisation representative	9	19%
Other local resident	9	19%
A carer of someone who uses council-funded social care (where the majority of the social care needs of the person you care for are met through services funded by Barnet Adults and Communities)	8	17%
Someone who uses council-funded social care (this is where the majority of your social care needs are met through services funded by Barnet Adults and Communities)	6	13%
A health or social care professional	4	8%
A public sector organisation representative	2	4%
A carer of someone who funds their own social care (where the majority of the social care needs of the person you care for are met through services paid for by them)	2	4%
Someone who funds their own social care (this is where the majority of your social care needs are met through services you pay for yourself)	0	0%
Other	8	17%
Total responses	**48**	**100%**

The chart below shows the profile of those who responded to consultation questionnaire in terms of key demographics compared to the population of Barnet. There were a large number of female respondents proportionate to Barnet's population, with male respondents significantly under- represented. In terms of age, the number of respondents from the 45-54 age group was consistent with Barnet's population, respondents from older demographics (55-64 and 65 plus) were over-represented comparative to Barnet's population, with those aged 18-44 significantly

under-represented. There is also a significant over representation of disabled respondents, and under-representation of non-disabled.

There is also an over representation of white respondents, and a significant under representation of Asian and Black respondents.



a. *Figure 1.2: General public consultation sample profile – key demographics (above)*

1.6 Protected Characteristics

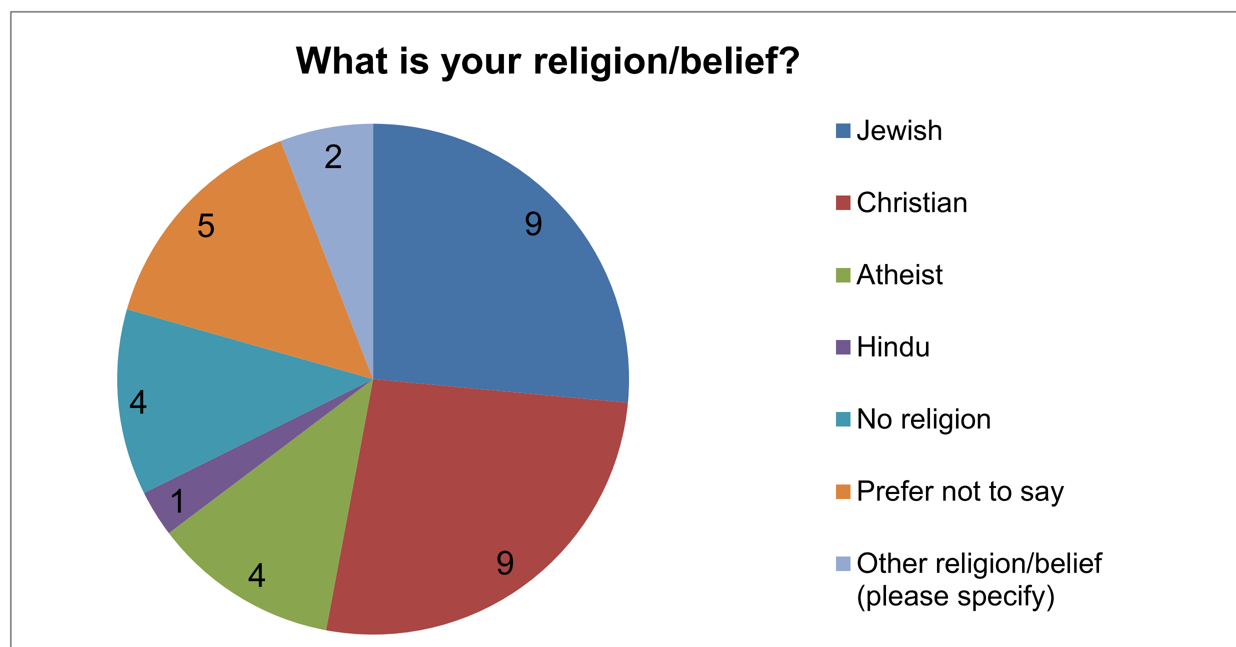
The council is required by law (Equality Act 2010) to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people from different groups.

The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation.

To assist us in complying with the duty under the Equality Act 2010 we asked the general public consultation respondents to provide equalities monitoring data and explained that collecting this information will help us understand the needs of our different communities and that all the personal information provided will be treated in the strictest confidence and will be stored securely in accordance with our responsibilities under the Data Protection Act 1998.

b. *Figure 1.3: Protected characteristic sample profile*

Response – Religious belief	**Number**	**Percentage**
Jewish	9	26%
Christian	9	26%
Prefer not to say	5	15%
Atheist	4	12%
No religion	4	12%
Other religion/belief (please specify)	2	6%
Hindu	1	3%
Total responses	**34**	**100%**
Responses - Sexual identity	**Number**	**Percentage**
Heterosexual	20	63%
Lesbian	3	10%
Bisexual	0	0%
Gay	0	0%
Other	0	0%
Prefer not to say	9	28%
Total responses	**32**	**100%**



The Figure below shows the profile of the disabilities of the 9 people who responded as having a disability.

c. *Figure 1.4: Protected characteristic sample profile (disabilities)*

Disability	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Hearing (such as deaf, partially deaf or hard of hearing)	X					X			
Vision (such as blind or fractional/partial sight. Excludes visual problems which can be corrected by glasses/ contact lenses)						X			
Speech (such as impairments that can cause communication problems)					X				
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	X		X	X		X	X		
Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy)			X		X				
Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)	X		X	X	X		X		X
Severe disfigurement									
Learning difficulties (such as dyslexia)	X								
Mental illness (substantial and lasting more than a year, such as severe depression or psychosis)	X								X
Prefer not to say									
Other (please specify)		X			X			X	

Of those that specified 'Other' disability, the free text descriptors given were Cancer, Addison's disease, and Neurodevelopmental delay from birth affecting hearing, vision, balance also affecting conversational skills.

1.6 Interpretation of the results

In terms of the results of the questionnaire it is important to note that:

- The general public consultation is not representative of the overall population of Barnet but provides information, in particular on the opinion of those residents who are more engaged with the council.
- It should be treated with caution as a guide to overall opinion, however because the response profile does not match the Barnet population.
- The responses although not representative of the borough's population, do provide an important indication of where there may be particular strength of feeling in relation to the organisation and delivery of adult social care services. For example, a large proportion of respondents were from the 65 and older age group (46%) and a large proportion have a disability (27%). This is unsurprising given the subject matter of the consultation; a majority of adult social care users are from an older age group (65% of service users in 2014/15 were 65 years or over), and a significant proportion of service users have a disability[1]. The proportion of older respondents and those with a disability might be expected to be higher, however it should also be noted that a majority of respondents were workers from the CVS, carers, local residents, and 'other' where being of an older age or having a disability may vary.
- Where percentages do not add up to 100, this may be due to rounding, or a multi coded question. All open ended questions that invite respondents to write in comments, are multi-coded and therefore add up to more than 100 per cent.
- All open-ended responses to the public consultation have been classified based on the main themes arising from the comment, so that they can be summarised.

1.7 Calculating and reporting on results

The results for each question are based on "valid responses", i.e. all those providing an answer (this may or may not be the same as the total sample) unless otherwise specified. The base size may therefore vary from question to question.

2. RESULTS IN DETAIL

2.1 PART 1 - A new way of delivering adult social care

Part 1 of the consultation asked questions on proposals for a new way of delivering Adult Social Care. The Consultation asked questions on proposals for:

- Applying a different approach to assessments and reviews;
  - Views on applying a strength-based approach to assessments and reviews
- Using local hubs and improving collaboration with the CVS
  - Views on proposal to use local hubs for assessments and reviews
  - Views on collaborative approach with the CVS
- An increasing emphasis on online and preventative services.
  - Views on proposals to i) extend the information and advice we provide about access to ASC; ii) developing an improved service for carers that includes a range of interventions information and advice; and

[1] Barnet Open Data: http://open.barnet.gov.uk/dataset/service-users-in-receipt-of-adult-social-care.

iii)introducing new online services to help people manage their own care and support.

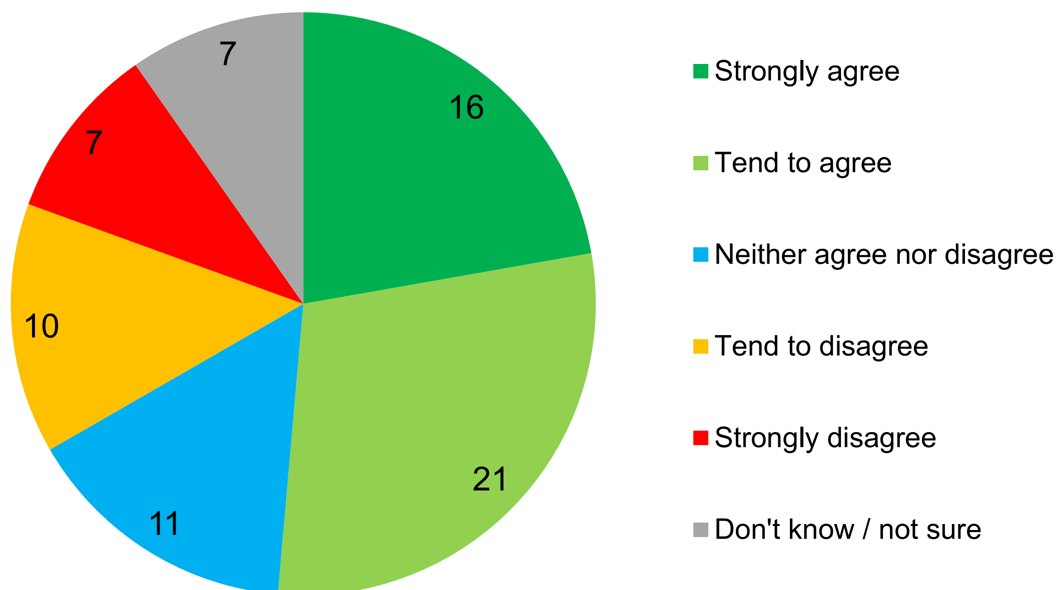
2.1.1 Applying a different approach to assessments and reviews

2.1.2 Views on strength-based approach – quantitative results

Respondents were asked to what extent they agreed or disagreed with the council's proposal to apply a strength-based approach to assessments and reviews. Seventy-two responses were received to this question.

The table and chart below shows over half (51%) of respondents strongly agreed or tended to agree with the proposal to apply a strength-based approach to assessments and reviews. Approximately a quarter of respondents disagreed (24%), with the remaining 25% neither agreeing or disagreeing (15%) or stating that they did not know or were unsure (10%).

Response	Number	Percentage
Strongly agree	16	22%
Tend to agree	21	29%
Neither agree nor disagree	11	15%
Tend to disagree	10	14%
Strongly disagree	7	10%
Don't know / not sure	7	10%
Total responses	**72**	**100%**



2.1.3 Analysis of responses – reasons given for views on strength-based approach

Respondents were able to provide a free text response explaining why they agreed or disagreed with the council's proposal to apply a strength-based approach to assessments and reviews. There were 51 responses to this question, 49 of which provided comments.

The table below summarises the key themes arising from these comments. Several respondents made comments which contained both support and oppose elements regardless of their original answer of 'agree/ disagree' with the proposals. The table below indicates whether the comments were broadly supportive of the proposals ("S") or opposed to the proposals ("O").

A majority of comments (30%) expressed concern that a strength-based approach could place too much onus on families and friends or the CVS and emphasised that professional homecare will be the only suitable option in some situations. Similarly, a large proportion (14%) of comments noted the Council has a duty of care and needs to ensure that everyone receives the care they need. There was also concern that the approach assumes that everyone is able to identify their own needs, and that this could in some cases lead to serious issues being overlooked.

A large proportion of comments were also supportive of a strength based approach. Comments noted that empowering people to have more control and focussing on

individuals' needs was a positive step, and that this approach seems sensible and appears to have worked well from other examples.

Other comments included concerns that the current level of support received would be cut, concerns regarding safeguarding, that there needs to be continuity of care and that practitioners need to be qualified.

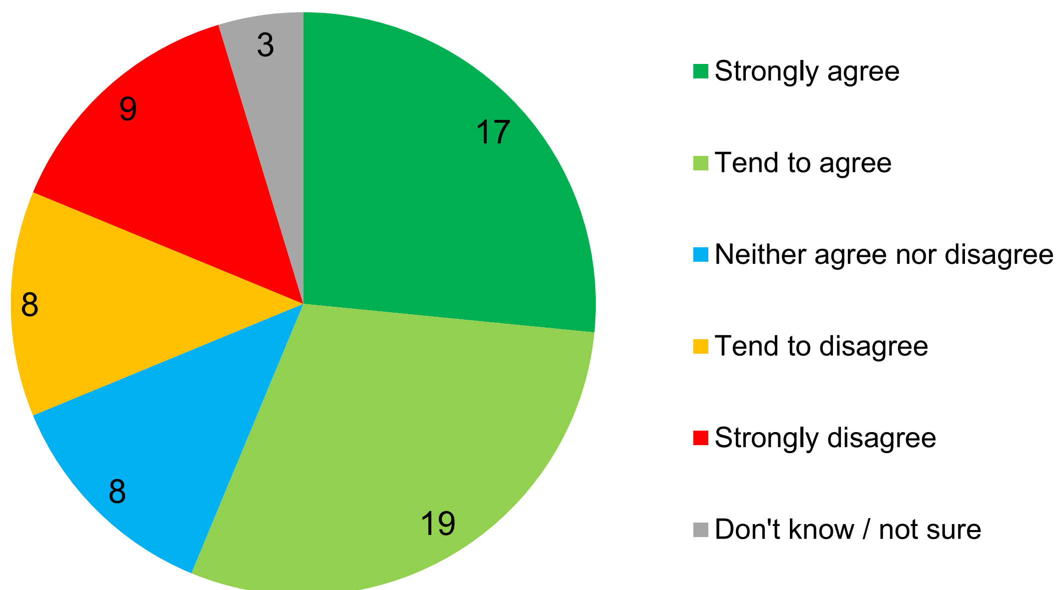
Comment			General Public	
	S	O	%	Base1
			100%	51
No comment			4%	2
Too much onus on families and friends/CVS – this is not always practical / professional homecare is needed for some.		x	30%	15
It's good to encourage people to help themselves – people want to be empowered and have control	x		18%	9
Council has a responsibility under the Care Act, and needs to ensure people get the help they need		x	14%	7
Seems a good idea in principle/ from own experience/ seems to be working well elsewhere	x		12%	6
Concern that peoples' needs/ serious issues may be overlooked/ that people may not be able to identify they need help		x	10%	5
Don't understand the question/ insufficient information provided about the proposal			8%	4
Seems a good way to focus on the needs of the individual	x		8%	4
Other			16%	8
Total number of different types of comments				**58**

2.1.4 Using local hubs and improving collaboration with the voluntary and community sector

2.1.5 Views on using local hubs for assessments and reviews – quantitative results

Respondents were asked to what extent they agreed or disagreed with the council's proposal to use local hubs for assessments and reviews. Sixty four responses were received to this question.

Fifty-seven per cent of respondents agreed with the proposal to use hubs (27% strongly). Of the remainder 27% disagreed (14% strongly), with 13% neither agreed nor disagreed and 5% don't know/ not sure. Responses are shown in the chart below.



2.1.6 Analysis of responses – reasons given for views on using local hubs for assessments and reviews

Respondents were asked to give reasons for their views on the proposal for using local hubs for assessments and reviews. There 55 responses to this question 53 of which provided comments.

Many comments provided gave both negative and positive views (regardless of whether or not the comment followed an initial response of support/ oppose/ neither/ unsure). The table below has been compiled to help identify the themes emerging from all the free form responses. It identifies whether the comment type is broadly supportive (S) or opposed (O) to the proposals. Those unmarked are either interpreted as neutral observations or may be a mixture (in the 'other' category).

The largest number of comments (39%) emphasised the importance of recognising that some people would not be able to access a hub due to disabilities, hearing difficulties, frailty or difficulty with transport, and would need a home visit. On a similar theme, a smaller number noted that a hub appointment may not be suitable for those those with very complex needs, and that a visit to a person in their home environment may be needed to provide a complete picture of a person's circumstances and needs. Common concerns expressed also included a worry that the hubs model places too much reliance on unqualified staff to deliver services, and logistical and resource concerns.

There were also a large number of comments in support of hubs, the largest proportion of which commented that providing people with access multiple services from one location would improve accessibility and speed of services. Many respondents also viewed the opportunity for more face to face communications via hubs as being a positive development.

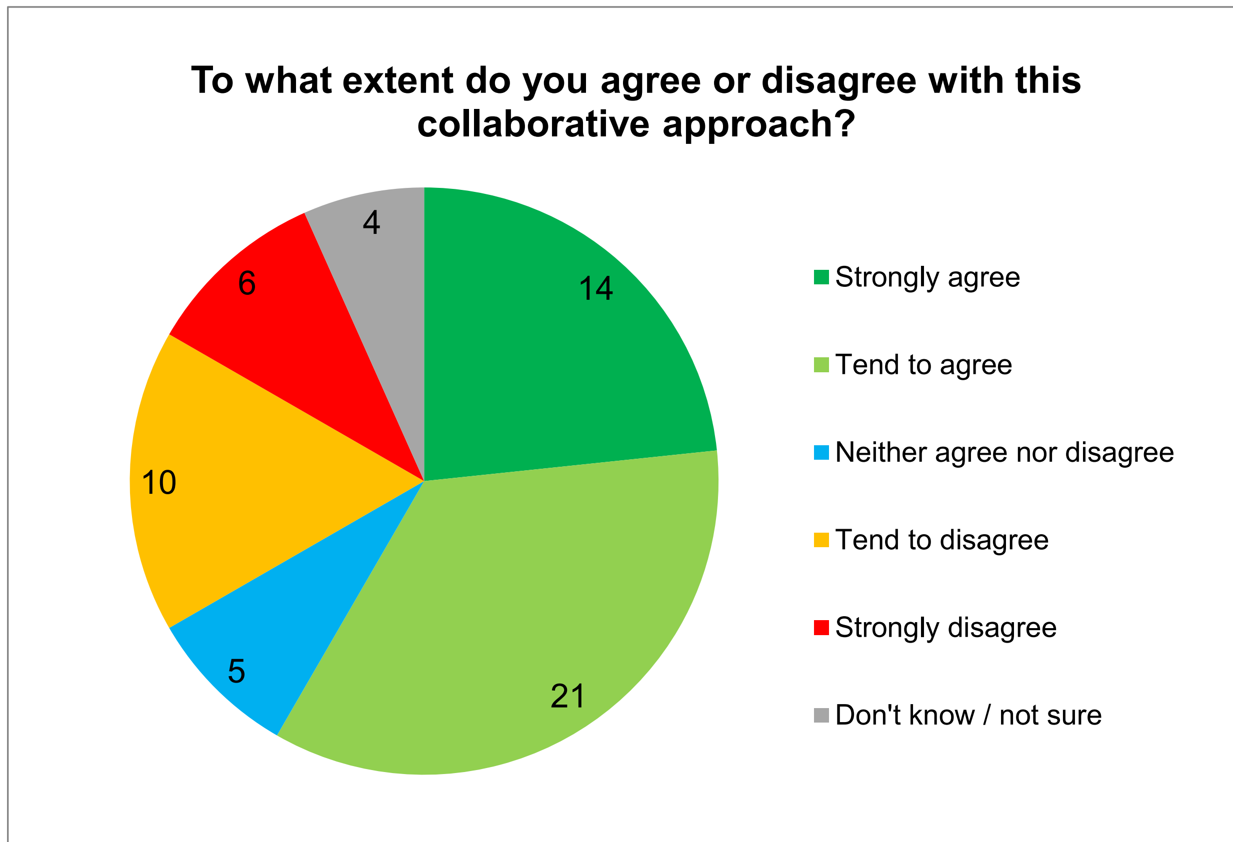
Other comments expressed a concern that the council needs to retain a duty of care and follow up on any missed appointments, and concerns that it will take time for a range of organisations and services to work well together and for hubs to work well in practice.

Comment			General Public	
	S	O	%	Base1
			100	55
No comment				2
Concern that some people could not access the hub due to disabilities, hearing difficulties, frailty or difficulty with transport, and would need a home visit		x	39%	21
Could improve speed and accessibility of services and enable people to access multiple services from one location	x		20%	11
Places too much reliance on volunteers or unqualified staff to deliver services		x	11%	6
Support for providing a face-to-face service to help people talk through what they need	x		9%	5
Query about hub logistics, such as staffing, locations, frequency and length of sessions		x	7%	4
General support for the hubs proposal	x		7%	4
Will save money/ make better use of staff time	x		7%	4
Assessment will not be a complete picture without a home visit		x	7%	4
May not be the right approach for people with very complex needs		x	6%	3
Concerns about privacy		x	4%	2
Support for proposal and suggesting a location for a hub	x		4%	2
Other			11%	6
Total number of different types of comments				**72**

2.1.7 Views on a collaborative approach with the CVS – quantitative results

Respondents were asked what extent they agreed or disagreed with the proposed collaboration with the CVS as outlined in the consultation. Sixty responses were received to this question.

Fifty-eight per cent of respondents agreed or strongly agreed, and 27% tended to disagree or strongly disagreed. Approximately 15% were neutral or not sure. The full results are shown in the chart below.



2.1.8 Analysis of responses – reasons given for views on a collaborative approach

Respondents were asked to give reasons for their views on the proposed collaborative approach. There were 50 responses to this question 48 of which provided comments.

Many comments provided gave both negative and positive views (regardless of whether or not the comment followed an initial response of support/ oppose/ neither/ unsure). The table below has been compiled to help identify the themes emerging from all the free form responses. It identifies whether the comment type is broadly supportive (S) or opposed (O) to the proposals. Those unmarked are either interpreted as neutral observations or may be a mixture (in the 'other' category).

A majority of comments (40%) were broadly supportive of a collaborative approach, with some specifically commenting on the strength of CVS services in Barnet. The next largest number of comments noted the limitations to the CVS resource and emphasised that some people will need professional social care assessment and support. Many other comments provided particular suggestions for how this should work in practice /caveats to their support for the approach, including that the CVS will need additional funding, volunteers will need training, or that the CVS will need monitoring for the collaborative approach to work in practice.

Specific concerns raised included ensuring accessibility of services to vulnerable groups such as those who are disabled, mentally ill, or deaf, and how to ensure privacy and data protection would be appropriately protected. It was also noted that here was people should not be restricted to using only those services they can access locally.

Comment			General Public	
	S	O	%	Base1
			100	50
No comment			4%	2
General support for this approach	x		40%	20
CVS groups won't be able to help everyone - some people will need professional social care assessment and support		x	16%	8
CVS groups would need additional funding in order to deliver this approach			16%	8
CVS staff and volunteers will need thorough training and monitoring			10%	5
Oppose use of CVS groups and volunteers to deliver services		x	10%	5
Need for coordination (a lead practitioner) to ensure multiple appointments are not needed in order to complete an assessment			8%	4
Concern about accessibility of services for people with disabilities		x	6%	3
Support with praise for excellent CVS services in Barnet	x		4%	2
Concern about privacy and data protection		x	4%	2
Other			16%	8
Total number of different types of comments				**65**

2.1.9 An increasing emphasis on online and preventative services

2.1.10 Views on three proposals for enhanced online and preventative services – quantitative results

Respondents were asked to what extent they considered the following proposals will be effective in helping people make more informed choices about their adult social care support:

- Extending the information and advice we provide about access to adult social care support
- Developing an improved service for carers that includes a range of interventions information and advice
- Introducing new online services to help people manage their own care and support

Between 55-57 responses were received on each of these questions.

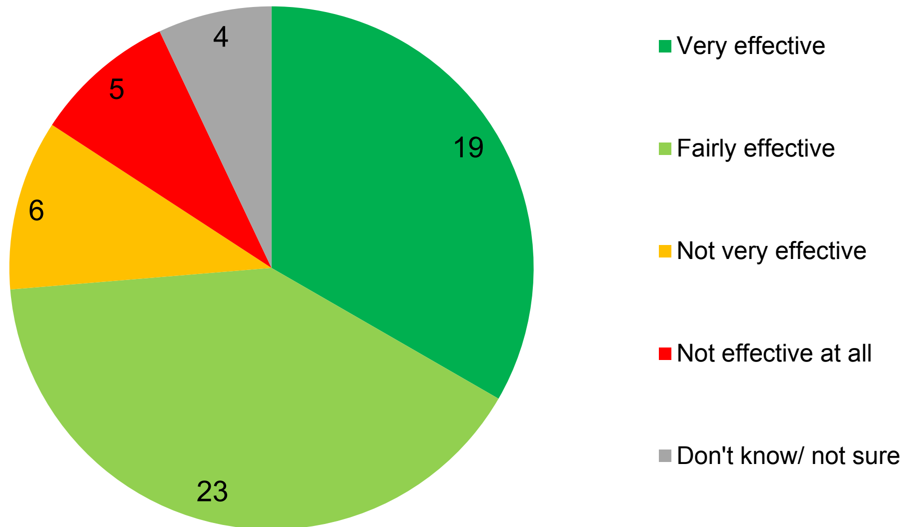
The results show that 73% of respondents considered that extending the information and advice we provide about access to adult social care support' would be effective (33% very effective). Similarly, 76% considered that developing an improved service for carers that includes a range of interventions information and advice would be effective (31% very effective).

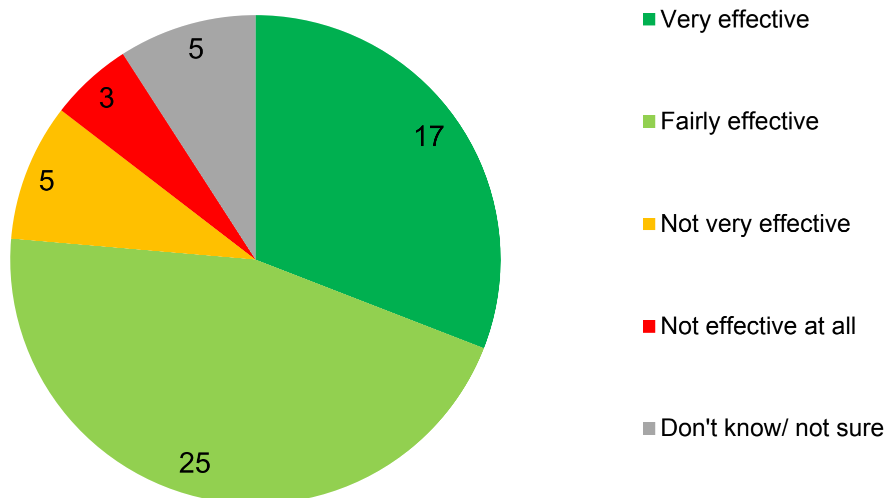
By way of contrast 50% of respondents considered that introducing new online services to help people manage their own care and support would not be effective, with only 42% considering it would be effective (13% very effective).

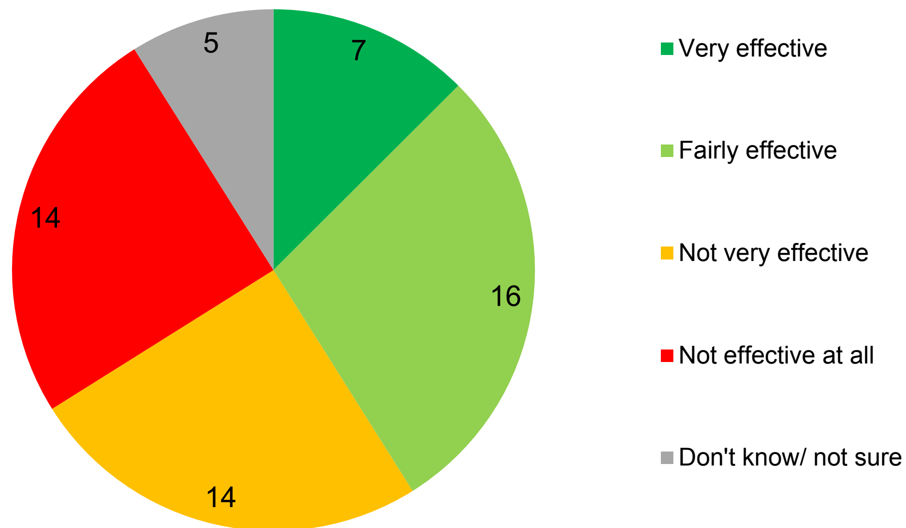
The table and charts below provide a full overview of responses.

Q16: To what extent do you consider the following proposals will be effective in helping people make more informed choices about their adult social care support?

	A: Extending the information and advice we provide about access to adult social care support		***B: Developing an improved service for carers that includes a range of interventions, information and advice***		***C: Introducing new online services to help people manage their own care and support***	
Response	**Number**	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**
Very effective	19	33%	17	31%	7	13%
Fairly effective	23	40%	25	45%	16	29%
Not very effective	6	11%	5	9%	14	25%
Not effective at all	5	9%	3	5%	14	25%
Don't know/ not sure	4	7%	5	9%	5	9%
Total responses	**57**	**100%**	**55**	**100%**	**56**	**100%**


To what extent do you consider that extending the information and advice we provide about access to adult social care support will be effective in helping people make more informed choices about their adult social care support?
19
23
6
5
4
Very effective
Fairly effective
Not very effective
Not effective at all
Don't know/ not sure


To what extent do you consider that developing an improved service for carers that includes a range of interventions, information and advice will be effective in helping people make more informed choices about their adult social care support?
17
25
5
3
5
Very effective
Fairly effective
Not very effective
Not effective at all
Don't know/ not sure



2.1.11 Analysis of results – reasons given for views on three proposals for enhanced online and preventative services

Respondents were asked to give their reasons if they felt any of the above three proposals would not work well. There were 38 responses to this question which provided comments, as summarised below.

A majority of comments made addressed the proposal to introduce new online services to help people manage their own care and support, which was also the proposal which received the larger proportion of 'not effective/ not effective at all' ratings. A large majority of the comments (68%) noted that online and digital means of communications would not everyone, and particularly highlighted many older people, those who have serious or long term sickness, those with learning disabilities and the blind. On a similar theme, 18% of responses commented that face to face communications are more effective and appropriate for some people, while 11% noted that not all people will have access to technology. Other comments made echoed concerns raised in other parts of the consultation survey responses, including concerns regarding ensuring access to services to all, resource concerns and comments that some people may require higher levels of support.

Please give reasons for your answer?	General Public	
	%	Base1
	100%	38

Please give reasons for your answer?	General Public	
No comment	5%	2
Digital not good for older/ unwell/ people with learning disabilities/ blind. Does not tackle social isolation.	68%	26
Face to face is effective and needed	18%	7
Not all have access to/ can afford technology	11%	4
Other	21%	8
Total number of different types of comments		**45**

2.2. PART 2 - Organising the delivery of adult social care services

Part 2 of the consultation focused on the way in which the delivery of adult social services will be organised, and presented three options for consideration and comment.

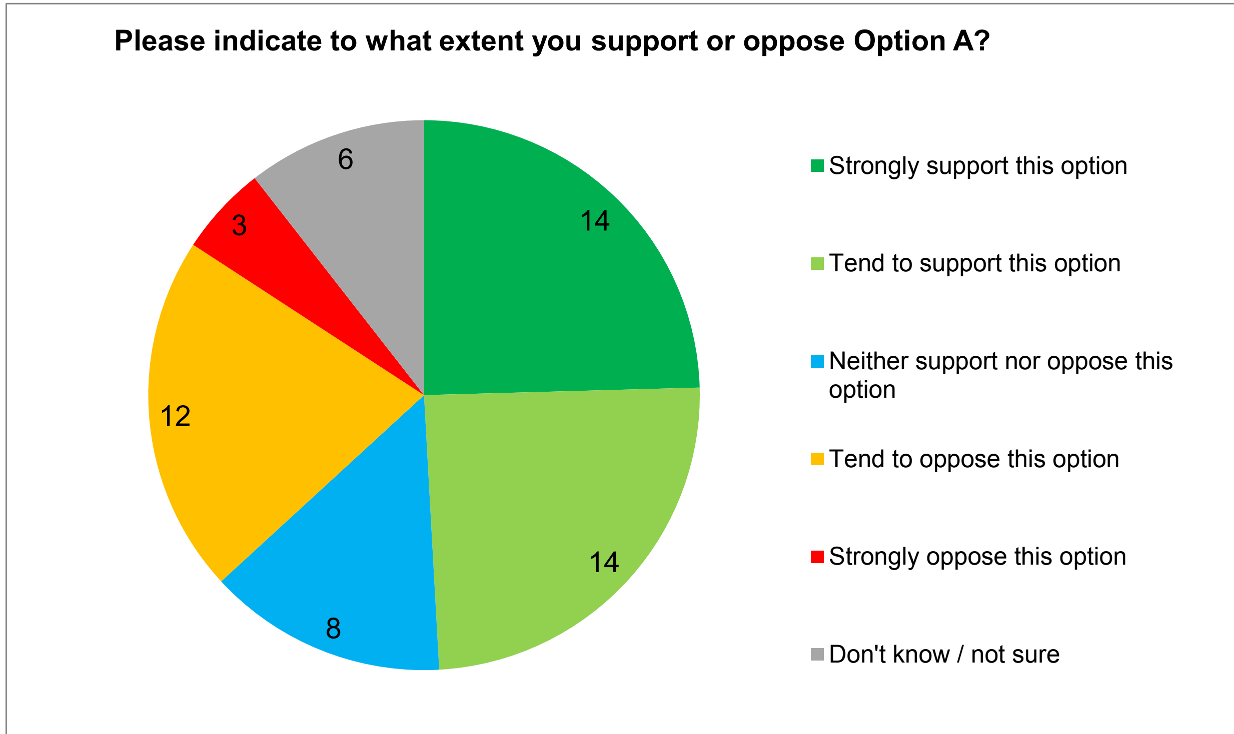
2.2.1 Views on Option A – Keeping the adult social care service within the council - quantitative results

Respondents were asked to what extent they supported or opposed option A. Fifty-seven respondents answered this question, and the results are summarised below.

Half of respondents were in support of Option A. Twenty six per cent were opposed to Option A (5% strongly) with the remaining 25% neither support nor oppose (14%) or unsure (11%).

The results are shown in the table and chart below.

Please indicate to what extent you support or oppose Option A?		
Response	**Number**	**Percentage**
Strongly support this option	14	25%
Tend to support this option	14	25%
Neither support nor oppose this option	8	14%
Tend to oppose this option	12	21%
Strongly oppose this option	3	5%
Don't know / not sure	6	11%
Total responses	**57**	**100%**



2.2.2 Analysis of responses – reasons given for support/ opposition to Option A

Respondents were asked to give reasons for their support/ oppose/ neither/ don't know view on Option A. All 47 respondents to this question provided comments.

The table below has been compiled to help identify the themes emerging from all the free form responses. Where possible it identifies whether the comment type is broadly supportive (S) or opposed (O) to the proposals.

The largest reason given in support of Option A (23%) noted that an in-house service is the most democratically accountable model and ensures local control of services. Related comments in support included that continued in-house service is the lowest risk option and ensures continuity of service, and that the council has the greatest level of expertise in delivering social care and is the least risky option.

The greatest proportion of negative comments (21%) regarding Option A noted that the current service isn't working, and/or isn't the best way to deliver the proposed changes, with some giving the view that a cultural change is needed. Other comments noted a preference for Option B.

Comment			General Public	
	S	O	%	Base1
			100%	47
In-house service is the most democratically accountable model and ensures local control of services	x		23%	11

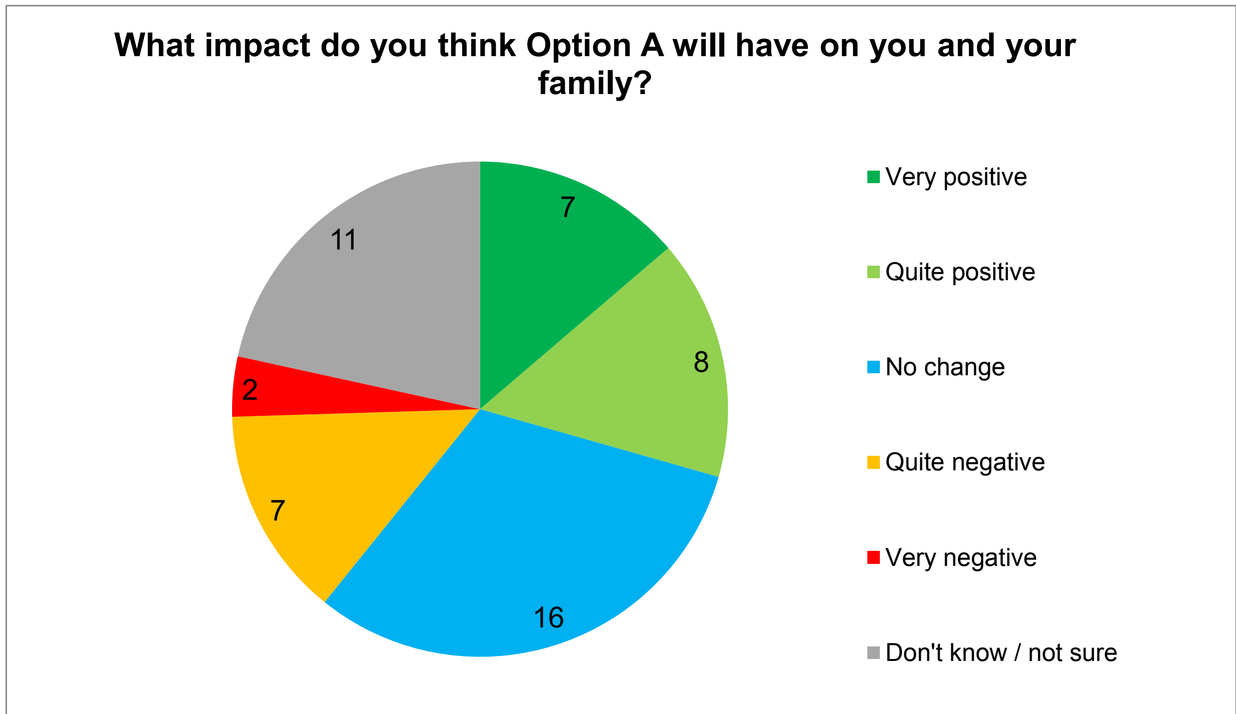
Comment			General Public	
The current service isn't working, and/or isn't the best way to deliver the proposed changes to the service		x	21%	10
Continued in-house service is the lowest risk option and ensures continuity of service	x		15%	7
The council has the greatest level of expertise in delivering social care	x		13%	6
Involving other organisations would increase complexity and bureaucracy	x		9%	4
Don't understand/ insufficient information has been provided about the options	x		9%	4
Prefer option B as integration of health and social care is important		x	6%	3
Concern about pay and working conditions for staff under other models	x		4%	2
Other			17%	8
Total number of different types of comments				**55**

2.2.3 Views on what impact respondents felt Option A would have on them and their family – quantitative results

Fifty-one respondents answered this question. Respondents were fairly evenly split between those who felt the impact of Option A would be very positive/ quite positive (30%) and those who felt there would be no change (31%). A significant percentage (22%) was unsure of the impact with the remainder giving the view it would be negative (18%).

The responses are shown in the table and chart below.

What impact do you think Option A will have on you and your family?		
Response	**Number**	**Percentage**
Very positive	7	14%
Quite positive	8	16%
No change	16	31%
Quite negative	7	14%
Very negative	2	4%
Don't know / not sure	11	22%
Total responses	**51**	**100%**



2.2.4 Reasons given for views on the impact of Option A?

Respondents were asked to give reasons for their views regarding what impact they felt Option A would have on them and their family. Of the 37 responses to this question 31 respondents provided comments.

The below table identifies key themes of all the comments regarding Option A. These have been combined in one table to provide an overview of most common comments, and may relate to ‘‘positive’ ‘negative’ ‘no change’ and ‘don’t know/ not sure’ initial responses.

A majority of responses (24%) noted there was no impact on them as they were not a current service user. Five per cent also noted they did not feel they had sufficient information to respond. A majority of other comments were of the view this was the best option and expressed the view the council has the expertise to deliver social care or that the other options would increase bureaucracy or complexity. Of the negative comments regarding Option A, many noted that there needs to be improvements to current service provision and adjustments made to deliver the proposed changes.

Please give reasons for your answer?			General Public	
	S	O	%	Base1
			100%	37
No comment			16%	6
No impact for me as I do not use/make minimal use of social care services			24%	9
The council has the greatest level of expertise in delivering social care	x		14%	5

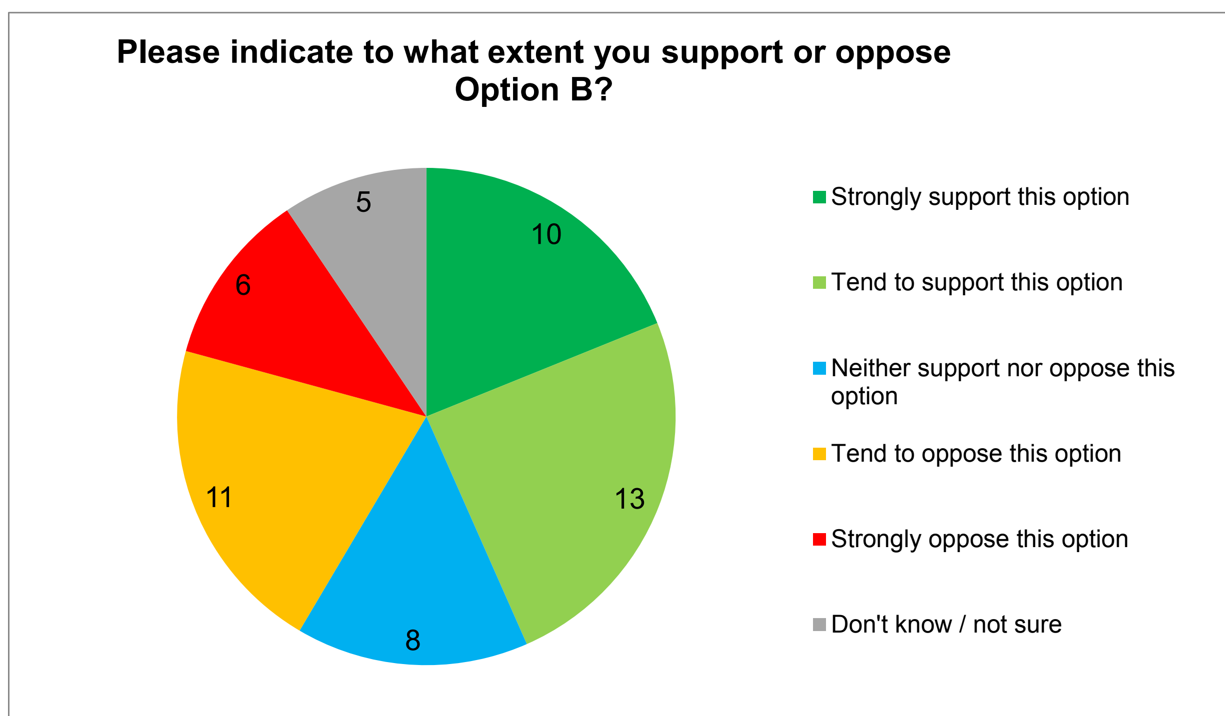
Please give reasons for your answer?			General Public	
Do not think the other options would improve the service	x		8%	3
The current service isn't working, and/or isn't the best way to deliver the proposed changes to the service		x	8%	3
Involving other organisations would increase complexity and bureaucracy	x		5%	2
Don't understand/ insufficient information has been provided about the options			5%	2
Other			19%	7
Total number of different types of comments				**31**

2.2.5 Views on Option B – Creating a shared service with one or more local NHS organisations - quantitative results

Respondents were asked to what extent they supported or opposed option B. Fifty -three respondents answered this question, and the results are summarised below.

Forty-one per cent of responses were in support of Option B (18% strongly supportive and 23% tending to support). Thirty-three per cent were opposed to Option B (11% strongly) with the remaining 22% neither support nor oppose (14%) or unsure (9%).

Please indicate to what extent you support or oppose Option B?		
Response	**Number**	**Percentage**
Strongly support this option	10	18%
Tend to support this option	13	23%
Neither support nor oppose this option	8	14%
Tend to oppose this option	11	19%
Strongly oppose this option	6	11%
Don't know / not sure	5	9%
Total responses	**53**	**93%**



2.2.6 Analysis of responses – reasons given for support/ opposition to Option B

Respondents were asked to give reasons for their support/ oppose/ neither/ don't know view on Option B. Of the 46 responses to this question 42 provided comments.

The table below has been compiled to help identify the themes emerging from all the free form responses. It identifies whether the comment type is broadly supportive (S) or opposed (O) to the proposals. Those unmarked are either interpreted as neutral observations or may be a mixture (in the 'other' category).

There were a wide variety of comments made on Option B. The majority of comments (28%) were supportive of Option B and felt it could provide a more joined up and efficient service. Other common comments expressed concern that the NHS might dominate social care in the partnership and impose a medical model, or that NHS services could not cope with any additional responsibility that would come out of a partnership. Further detail is provided below.

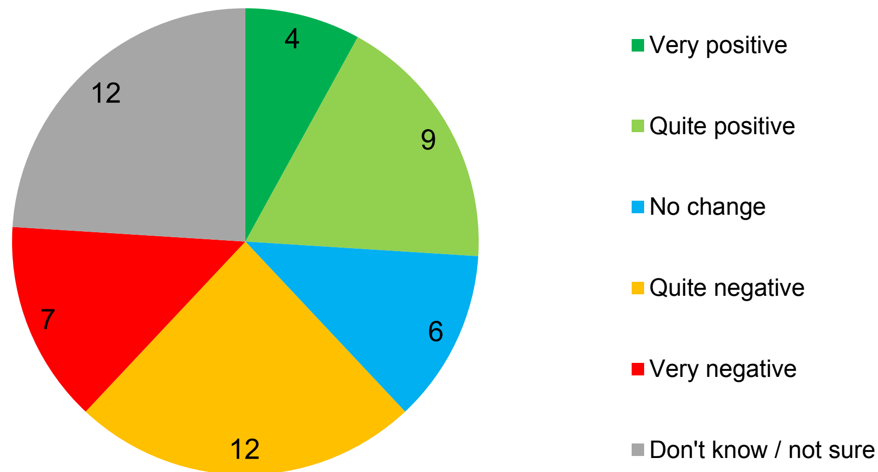
Please give reasons for your answer?			General Public	
	S	O	%	Base1
			100%	46
No comment			9%	4
This option could provide a more efficient/ joined-up/ holistic service	x		28%	13
Concern that the NHS would dominate the partnership and impose a medical model		x	17%	8
NHS services are already over-stretched and could not take on additional responsibilities		x	11%	5

Please give reasons for your answer?			General Public	
Concern that this option is too ambitious/ would take too long to implement/ is not possible to implement		x	9%	4
Concern about loss of local control and accountability		x	9%	4
Do not think that this option would improve the service/ would generate more bureaucracy		x	7%	3
This could prevent people going into hospital or staying in hospital for longer than they need to	x		4%	2
Concern about staff turnover/ the level of staff experience and expertise under this option		x	4%	2
Support for a single budget for health and adult social care	x		4%	2
The CVS should also be involved in this option			4%	2
NHS and adult social care have different cultures/ values/ processes/ systems		x	4%	2
Concern that vulnerable people could "fall between the gaps" of the two services		x	4%	2
Don't understand/ insufficient information has been provided about the options			4%	2
Other			4%	2
Total number of different types of comments				**53**

2.2.7 Views on the impact respondents felt Option B would have on them and their family – quantitative results

Fifty respondents answered this question. Most respondents (38%) considered the impact of Option B would be very negative (14%) or quite negative. Twenty-six per cent of respondents felt the impact of Option B would be positive, with an almost equal number (24%) unsure. Twelve per cent felt there would be no change.

What impact do you think Option B will have on you and your family?		
Response	**Number**	**Percentage**
Very positive	4	8%
Quite positive	9	18%
No change	6	12%
Quite negative	12	24%
Very negative	7	14%
Don't know / not sure	12	24%
Total responses	**50**	**98%**



2.2.8 Reasons given for views on the impact of Option B

Respondents were asked to give reasons for their very positive/ quite positive/no change/ quite negative/ very negative and don't know/ not sure responses regarding Option B. Of the 29 responses to this question 27 provided comments.

The below table identifies key themes of all the comments regarding Option B. These have been combined in one table to provide an overview of most common comments, and may relate to ''positive' 'negative' 'no change' and 'don't know/ not sure' initial responses.

A large proportion (22%) commented that there was no impact on them or their families as they are not current service users. There was also a reasonably high proportion (7%) who felt insufficient information has been provided about the options.

The largest proportion of comments (22%) in favour noted this option could provide a more efficient/ joined-up/ holistic service. Other comments which opposed Option B were concerned that the NHS would dominate the partnership and impose a medical model, or felt that this option would not improve the service or would generate more bureaucracy.

Other points made included concern about loss of local control and accountability, concern about inexperienced staff, and that the CVS should also be involved in this option. Two comments in support noted that NHS involvement could improve social workers' understanding of medical problems, and that a closer alignment with social care work could improve awareness of / access to complementary alternative medicines.

Please give reasons for your answer?			General Public	
	S	O	%	Base1
			100%	29
No comment			7%	2
This option could provide a more efficient/ joined-up/ holistic service	x		22%	6
No impact for me as I do not use/make minimal use of social care services			22%	6
Concern that the NHS would dominate the partnership and impose a medical model		x	7%	2
Do not think that this option would improve the service/ will generate more bureaucracy		x	7%	2
Don't understand/ insufficient information has been provided about the options			7%	2
Other			33%	9
Total number of different types of comments				**27**

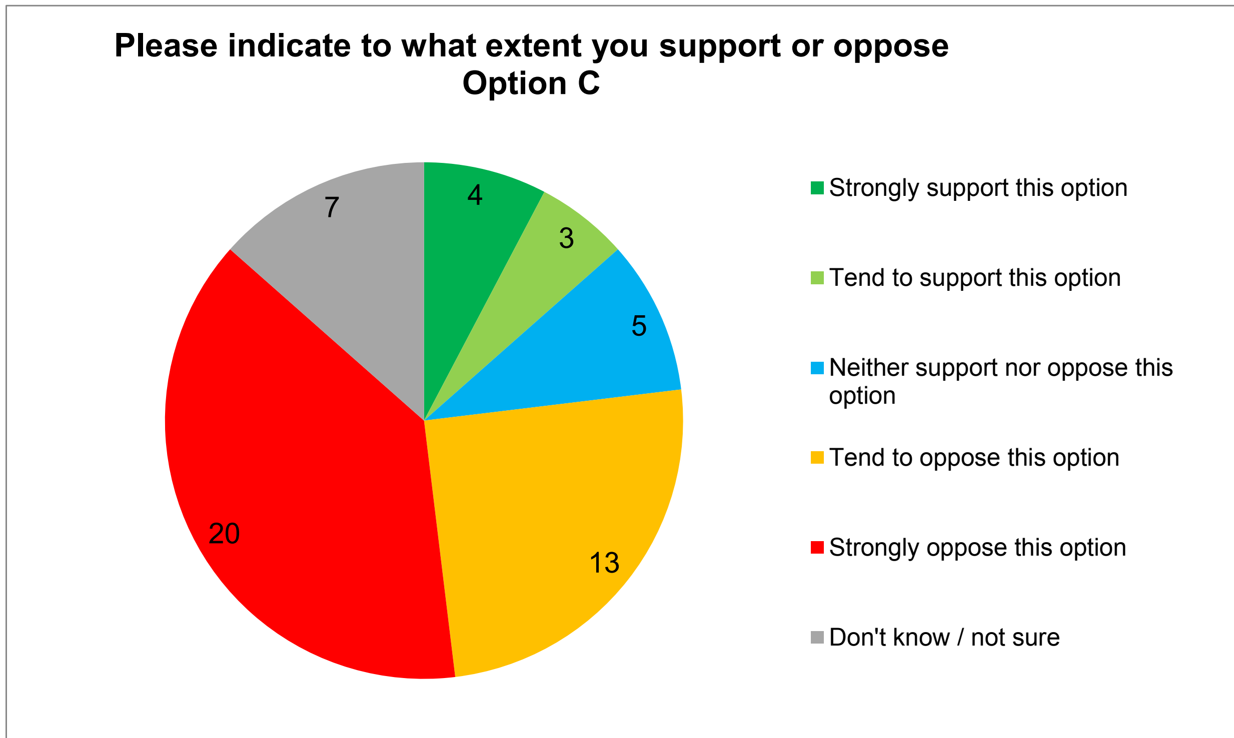
2.2.9 Views on Option C – Establishing a public service mutual – quantitative results

Respondents were asked to what extent they supported or opposed Option C.

Fifty-two respondents answered this question, and the results are summarised below.

Option C elicited the strongest response, with a clear majority (63%) opposed, which included 38% who were strongly opposed. Only 14% of respondents were supportive of this option, with the remaining 23% neutral (10%) or unsure (13%).

Please indicate to what extent you support or oppose Option C?		
Response	**Number**	**Percentage**
Strongly support this option	4	8%
Tend to support this option	3	6%
Neither support nor oppose this option	5	10%
Tend to oppose this option	13	25%
Strongly oppose this option	20	38%
Don't know / not sure	7	13%
Total responses	**52**	**100%**



2.2.10 Analysis of responses – reasons given for support/ opposition to Option C

Respondents were asked to give reasons for their support/ oppose/ neither/ don't know responses regarding Option C. Of the 45 respondents to this question 44 provided comments.

The table below has been compiled to aid in identifying the themes emerging from all the free form responses. The comments are identified in this table as to whether they are broadly supportive (S) or opposed (O) to the proposals. A vast majority of comments were opposed.

Most comments (22%) expressed the view that Option C was too ambitious and carries too much risk. Similarly many comments (19%) expressed opposition to adult social care services becoming part of a separate organisation, noting that adult social care is an integral responsibility of local government which should be closely managed and controlled within the council. A high proportion (11%) also commented that they considered Option C would be more expensive/ bureaucratic than the current model, while the same number felt there was a lack of sufficient information to fully understand what was proposed.

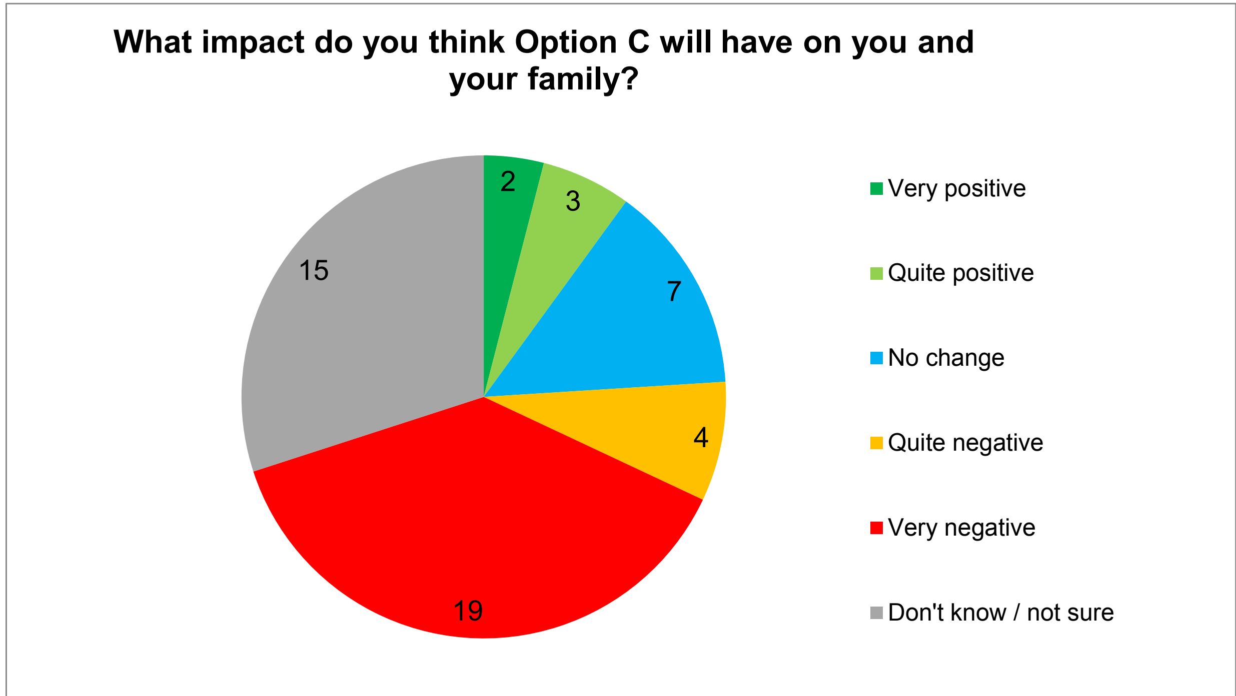
Other common comments included that Option C would be more expensive or more bureaucratic than current provision, that it would take too long and be too costly to set up, that it would not improve the quality of service and would not put the needs of service users first. Some also noted that a potential for confusion around accountability. A small proportion of comments in favour of Option C expressed a view that it could improve the quality of the adult social care service, and noted there were examples of this type of model working well elsewhere.

Comment			General Public	
	S	O	%	Base1
			100%	45
No comment				1
This option is too radical/ ambitious/ carries too much risk		x	22%	10
Do not want the ASC service to become a separate organisation - it should remain part of the Council		x	18%	9
Don't understand/ insufficient information has been provided about the options			11%	5
Would be more expensive/ bureaucratic than the current model		x	11%	5
There could be confusion about accountability		x	9%	4
Would not improve the quality of the ASC service		x	9%	4
Would take too long and cost too much to set up		x	4%	2
Prefer Option B		x	4%	2
Concerned that this option would not put the interests of people using the service first		x	4%	2
There are local/national examples of this type of model working successfully elsewhere	x		4%	2
Other			16%	7
Total number of different types of comments				**52**

2.2.11 Views on what impact respondents felt Option C would have on them and their family – quantitative results

Fifty respondents answered this question. Most respondents (46%) considered the impact would be negative (38% very negative), with the next highest proportion (30%) being unsure of the impact. Only 10% in total felt that the impact on them and their family would be positive/ very positive. Full results are shown in the table and chart below.

What impact do you think Option C will have on you and your family?		
Response	**Number**	**Percentage**
Very positive	2	4%
Quite positive	3	6%
No change	7	14%
Quite negative	4	8%
Very negative	19	38%
Don't know / not sure	15	30%
Total responses	**50**	**100%**



2.2.12 Analysis of responses - reasons given for views on the impact of Option C

Respondents were asked to give reasons for their positive/ no change/ negative and don't know/ not sure responses regarding the impact they felt Option C would have on them and their family. There were 28 responses to this question, 22 of which provided comments.

The below table identifies key themes of all the comments regarding Option C which followed 'positive' 'negative' 'no change' and 'don't know/ not sure' initial responses. There was a lower number of responses to this question with a higher 'neutral' and negative theme to the comments consistent with the high proportion of don't know/ not sure and 'no change' responses received to the parent question.

A majority of comments (21%) stated they did not understand the question or felt that insufficient information had been provided, with the next highest proportion (14%) noting they were not a current service user, followed by 11% who commented that they did not want the adult social care service to become part of a separate organisation.

Other comments made included that Option C was too risky, that there could be confusion about accountability and that it would not improve the current quality of adult social care. Some comments had concerns regarding a disruption of service if Option C were approved, and the potential impact this could have on service users.

Comment			General Public	
	S	O	%	Base1
			100%	28
No comment			21%	6
Don't understand/ insufficient information has been			21%	6

Comment			General Public	
provided about the options				
No impact for me as I do not use/make minimal use of social care services			14%	4
Do not want the ASC service to become a separate organisation - it should remain part of the Council		x	11%	3
This option is too radical/ ambitious/ expensive/ carries too much risk		x	7%	2
There could be confusion about accountability		x	7%	2
Would not improve the quality of the ASC service		x	7%	2
Other			14%	4
Total number of different types of comments				**23**

SECTION 3

Consultative events

Detailed Findings

3 INTRODUCTION

This section provides the feedback from three face to face consultation workshops.

3.1 Consultative events

Two consultative events were held, one on 7th July at Chipping Barnet Library in the afternoon and one on 12th July at Hendon Town Hall in the evening, both of which were open to all members of the public.

A further consultation event was held with the Barnet Jewish Deaf Association on 26th July 2016, with BSL interpreters in attendance.

The events were designed to explore stakeholder and resident views on the proposals in the consultation, to understand service user perspectives in this context, identify issues and opportunities, and seek feedback and ideas.

3.1.1 Aims

- To gain an in depth understanding of stakeholders' priorities in adult social care.
- To gain an in depth understanding of stakeholders' top concerns
- To discover stakeholders' views on the proposed approach for a new way of delivering adult social care and the three options for the way in which services are organised.

4.1.2 Sample

In total, 45 stakeholders attended the events. There was a good mix of participants in terms of age, ethnic origin, gender and disability.

7th and 12th July

Invitations to the events held on 7th and 12th July were issued on the council website, via posters distributed in libraries and throughout the borough, and by email to key stakeholder groups. The events were open to anyone with an interest in adult social care provision (including service users, family/ friend carers, professional carers, CVS groups and representatives). Each event was held for approximately two hours.

Twenty-nine stakeholder groups were contacted direct via email, including an invitation to People Bank contacts (a database of around 300 people who have expressed an interest in the work of Adults and Communities).

Eighteen people attended the event on 7th July and 16 on 12th July.

26 July - JDA

The event with JDA was organised in liaison with Association contacts and held at their meeting venue in Woodside Park, with two BSL interpreters in attendance. Twelve people attended this event.

Methodology

The format of the events was kept to an open forum/ workshop style. Participants at the events on 7th and 12 July were split across three tables of around 6 or 7 people per table, with approximately 20 people attending each session. Council staff from across the organisation provided facilitation for table discussions and captured feedback. There were 12 attendee participants at the event held with the Jewish Deaf Association, and the format of that event was retained as a one group discussion on the preference of that group.

The events were opened and facilitated by the Commissioning Director Adults and Safeguarding, and the Project Managers who gave a short presentation on the proposals and provided responses to questions.

Attendees at the events were invited to focus on the following questions:

1 To what extent do you agree with our proposals for:
- Strengths-based approach.
- Local hubs.
- Better collaboration with voluntary and community sectors.
- Services that prevent, reduce and delay people's need for support.
- New online services

2 To what extent do you support or oppose each option:
- Keep the adult social care service within the Council.
- Create a shared service with one or more local NHS organisations.
- Establish a public service mutual organisation.

Participants were given leeway to focus on the areas of most interest to them during the open discussions.

3.1.2 Summary of key themes from 7 July event

Key points made in the discussion are summarised below. Full notes of the event are appended at Annex B.

Comments on Question 1:

- **Use of on-line services**
  A key theme emerging from the discussions was that while it was recognised there is a need to establish online provision for future generations, there was concern that it be recognised that not everyone is able to use online services. The point was also made that online provision needs to be accessible – both

through consideration of location/ transportation and physical access, and ensuring information and services can be accessed by those with learning disabilities and the visually impaired.

- **Community hubs**
  There was general support for the idea of hubs and for people to get access to a range of services in one place. This was tempered by a caveat that hubs need to be accessible, and comments that there may be issues regarding transport, and the availability of interpreters and translators which could affect their suitability for some.

- **Collaboration with the CVS**
  There was general support for the proposal for increased collaboration with the CVS, with comments noting that we should do more to coordinate service provision with the resource already available in the CVS, and enhance knowledge of that resource in the community. It was however noted that the resource in the CVS can be limited and would benefit from consideration of support from the council e.g. training or finances. Some also noted concerns regarding the quality of advice that may be received, and queried how monitoring and safeguarding would be managed.

Comments on Question 2:

- **Comments on option A**
  A theme emerging from the group discussions was a broad support for not 'reinventing the wheel' and that it was a good idea to build on current service provision. This came with a caveat that services need to change and improve, and several areas were particularly highlighted as being problematic/ requiring improvement, as summarised below:

  - Telephone interactions - lack of response/ mis-directions and a difficulty in obtaining information.
  - Discharge from hospitals is poor.
  - It takes too long to process applications.
  - Social workers sometimes keep a poor audit trail and are difficult to get in touch with.
  - There is no consistency across social workers and hand-overs (between social workers) are not carried out properly.
  - Social worker retention is a major concern.
  - Referrals take too long – sometimes up to a year.
  - There should be a central system where all case details are kept so that people (service users and CVS groups) are not asked to repeat the same information.

- **Comments on Option B**
  While there was recognition that closer working with the NHS is needed and some support for Option B, the discussions also expressed several concerns about this option. These included concern over whether the NHS could cope with a merger, concern that adult social care would be the "poor relation" to healthcare, concern that ASC and the NHS have very different values (with the NHS having a medical focus rather than a social care one) which could form a barrier to them working effectively together, and possible conflicts over budget.

- **Comments on Option C**
  While it was recognised that Option C provided potential opportunities e.g. for the council to create revenue and for practitioners to manage, the discussions largely focussed on concerns regarding this option. These included cost and difficulty to set up, concerns regarding how monitoring and accountability would work, queries over the governance structure and a concern there would be 'too many bosses', and general concerns it was too ambitious and risky, and there is a lack of information/ comparative examples to demonstrate how well this structure has worked elsewhere comparatively.

3.1.3 Summary of key themes from 12 July event

Comments on Question 1:

- **Implementing a strength-based approach to assessments and reviews**
  There was overall support for the strength based approach, and a recognition that with population growth, life expectancy and reduced budgets placing a burden on the system, taking a practical approach and working differently was a positive development. Comments noted there is a need to build on what is already there and develop better links with those who already deliver CVS services. It was noted that to work effectively the approach needs to be joined up and comprehensive as not everyone has access to friends and family. Other cautionary observations included that often vulnerable people can't articulate their needs and some may struggle with filling in forms.

- **Community hubs**
  There was general support for the idea of hubs, and agreement that the hubs model should allow for a more productive use of social workers' time, and a suggestion that hubs should not just be for initial contact and assessment but for follow up as well. There were some concerns expressed about how hubs would work in practice. Comments included a concern about how continuity of care would work in practice in a hub situation, and anxiety about that those in hubs may be non-skilled, have no practical knowledge and only be there short-term. It was stressed that there needs to be continuity and accountability. It was also noted that some may have difficulty in accessing hub. There were also alternative suggestions for locations for hubs other than GP surgeries, such as churches or libraries.

- **Collaboration with the CVS**
  There was general support for the proposal for increased collaboration with the CVS, with participants making the point that volunteers in the community can alleviate pressure on carers who are often elderly. A common comment was that volunteers are really valuable because they are caring and enthusiastic. It was also noted that carers sometimes do not know what is available to them, and they need better support, information and advice which is a gap the CVS could potentially fill. The limitations of the use of the CVS were also discussed; it was noted that there may be an issue working with volunteers when there is not a line management relationship, and that there is a cost to establishing and maintaining volunteer networks. Some noted that volunteers may need training and support as some issues are complex. It was noted also that finding people to coordinate and monitor the volunteers could be a challenge.
  A specific example for more collaborative working with the CVS included a recommendation that service users could be pointed towards a package of other support available in the community e.g. a kind of 'handover and support plan' at the close of social worker support to provide a more joined up continuous care approach.

Comments on Question 2:

- **Comments on Option A**
  There were no specific comments on Option A. However, many observations were made on current service provision which highlighted areas for improvement as follows:

  - There is currently difficulty in gaining an appointment with a social worker, physiotherapist or occupational therapist, and referral appointments from district nurses and GPs often fall through.
  - There is a lack of communication from social workers, and a lack of timely response to emails which has a big impact on families
  - There is poor communication and information sharing between agencies
  - It was noted that some social workers lack softer skills (attitude and empathy) and that these are vitally important as well as knowledge and skills
  - There is currently huge anxiety for people when they lose a social worker, and poor signposting to community and other support available
  - The public need better information / advice / checklists for all services available.
  - More appropriate use of social worker resource needs to be made (e.g. there is not always a need to assess someone again where they are in a stable condition)

- **Comments on Option B**
  There was support for the objectives of Option B and general agreement that coordination of social care, health and VCS working together could prove effective. Comments noted that social services need to be more joined up with health particularly in the area of communications to avoid service users having to repeat their story, and dealing with excessive bureaucracy. There was an

attraction to the holistic model and looking at the patient's problems as a whole. Concerns regarding Option B focussed on the large size of the NHS and comments that it currently has problems with service delivery which might be made worse. It was also feared that there may be more of a focus on the medical side rather than the social side if the services were joined, though it was noted this might be addressed or offset by increased involvement of the CVS.

- **Comments on Option C**
  It was noted that Option C was more difficult to understand, particularly as there are not a great number of comparable examples, so it was difficult to provide comment. It was noted that while there are other examples of PSMs being implemented (e.g. Shropshire and Lincolnshire), the Barnet model would be likely to be more complicated. Participants noted the idea of staff being invested in the system they are working in was an attractive one, but had several concerns. These included a concern that funding might be withdrawn. It was also noted that to succeed the contractual arrangements of the PSM would need to be balanced and not too prescriptive, to allow the organisation leeway to do things differently. There was also a concern that the amount of policies and agreements needed for option C could lead to excessive bureaucracy, and that an 'outsourced' structure could affect accountability and transparency.

4.1 Summary of key themes from 26 July event with Barnet Jewish Deaf Association

Comments on Question 1:

- **Collaboration with the CVS**
  Improved collaboration with the community and voluntary sector was welcomed, with the attendees emphasising the need for the Council to work in partnership with the Jewish Deaf Association. The point was made that the JDA is already providing excellent support to deaf people and the Council should build on and support this service rather than start developing its own services for deaf people. In this respect it was noted by several attendees that the JDA receives a large number of requests for support and should receive financial support from the Council.

- **Community hubs**
  There was support for the idea of community hubs, and emphasis was placed on the particular needs of the deaf community. It was noted here is a lack of awareness of the communication needs of deaf people, and that face-to-face communication will always be the preferred method of communication wherever possible. There was a particular request for consideration of the location of a hub at the JDA site in Woodside Park to be considered. Comments were made that attendees like coming to the JDA, where communication is "easy", people know each other and the building is purpose-built to meet the needs of deaf people (for example, a flashing alarm when the doorbell is pressed). The building is also accessible by tube and bus. It was noted that any system for booking social care hub appointments would need to be accessible to deaf people.

- **An increasing emphasis on online and preventative services**
  Online services were welcomed for those who are able to use them. It was noted that prompt acknowledgment that an email or request has been delivered safely would be reassuring. It was also noted that preventative services and acting before a situation reaches crisis point are good ideas and should help to save money and avoid problems escalating. In this respect it was noted that there is a need to avoid a long wait for an appointment with an interpreter present, as a small problem could become a big problem in that time.

Comments on Question 2:

- **Comments on Option A**
  While there were no specific comments on Option A, many observations were made on current service provision and areas of improvement with particular regard to the needs of the deaf community:

  - Sometimes a request is sent online and there can be a 1-3 week delay before anyone from the Council replies.
  - Information, advice and advocacy services need to be much more accessible for deaf people. The Citizens Advice Bureau and Inclusion Barnet offer these services but don't provide interpreters so deaf people cannot access these services unless they bring their own interpreter – usually a friend or family member (which may not be appropriate for discussion of a sensitive/personal matter).
  - Attendees said that in the past the Council had a social worker for deaf people who knew some BSL. As this post was removed there is now no dedicated social worker for deaf people, and the JDA is an only source of support and advice.
  - There can currently be lengthy waits (e.g. six weeks) to get an appointment with an interpreter present.
  - There is a lack of clear information that is given to deaf people about what help and support they are entitled to receive and the options open to them, e.g. deaf people should be advised that they are able to pay the difference in order to upgrade to a piece of equipment that is more expensive than the budget allowed, such as a flashing doorbell instead of a pager.

- **Comments on Option B**
  It was noted that a shared service with the NHS could reduce duplication of services, result in a pooling of resources and possibly provide better value for money. Attendees had several questions on how a shared service with the NHS would work in practice. This included queries around how the budgets for NHS and social care funding would be arranged and the possible creation of a pooled budget. It was noted that where this has happened elsewhere, more money has been spent on social care in order to prevent people developing healthcare needs that result in them requiring expensive hospital care. It was also noted

that there could be benefit to exploring a ‘hybrid’ of Options B and C, with the NHS involved as a partner in the public service mutual option.

- **Comments on Option C**
  There was no in depth discussion regarding Option C. However it was noted that there could be benefit to exploring a ‘hybrid’ of Options B and C, with the NHS involved as a partner in the public service mutual option.

Revised Business Case:
Adult social care alternative delivery vehicle

Author:	*Kirk Chamberlain*
Date:	*8th September 2016*
Service / Dept:	*Commissioning Group*

Contents

Contents 1
1. Introduction and executive summary 2
2. Reasons 3
3. Aims and Objectives 3
4. Options Appraisal 3
4.1. Option A: Reforming and delivering the service in-house. 4
4.2. Option B: Sharing services with public sector partner(s) such as local NHS organisations and/or other London Boroughs 6
4.3. Option C: Establishing a public service mutual organisation 10
5. Recommendation 15
6. Next steps 15
Document Control 16
Document History 16
Distribution List: 16
Annex A: Financial Modelling: Approach and Scope 18

1. Introduction and executive summary

In November 2015 the Adults & Safeguarding Committee approved the approach to a proposed new operating model for adult social care and agreed an approach to developing an outline business case (OBC) for an alternative delivery vehicle (ADV). In March 2016, the Committee shortlisted three options for an alternative delivery vehicle; agreed to public consultation on the proposed operating model and the three delivery vehicles; and approved the approach to developing a revised business case with a recommended alternative delivery vehicle option to be brought to Committee for consideration in September 2016.

This document provides an update to the alternative delivery vehicle work and presents findings to date. The three ADV options shortlisted in March were:

- Option A: Reforming and delivering the service in-house.
- Option B: Sharing services with public sector partner(s) such as local NHS
- Option C: Establishing a public service mutual (PSM) organisation.

Options Appraisal – Appraisal Criteria and Approach

The appraisal criteria used in the OBC presented to March committee were also used in the more detailed work undertaken in compiling the revised business case:

- Could this option deliver the required culture and process change?
- Could this option generate savings and / or additional income?
- Has this option been tested by other councils?

In addition, options were appraised against the following criteria:

- The nature and level of service and financial risk presented by each option
- The likely timescales for implementation
- The projected cost of implementation

This options appraisal has been informed through a number of key activities to progress the work begun in the outline business case phase. The description of each option in Section 2 follows this structure as set out below:

- Analysis of consultation findings
- Legal analysis
- Financial modelling (see Annex A – Financial Modelling: Approach and Scope)

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- Engagement with staff and senior managers from the Adults and Communities (A&C) Delivery Unit (see Annex B)
- Workforce analysis
- Further research
- Risk analysis

2. Reasons

Adult Social Care (ASC) Services across the Country face unprecedented challenges arising from growing demand, the continued requirement to make budget savings and the requirements arising from recent legislation and policy, such as the Care Act 2014 and the need for closer integration of Social Care and Health.
In order to meet this challenge, Adults and Safeguarding Committee approved the approach to developing the way we deliver ASC services in Barnet (the new operating model) as well as developing the way we organise ASC services in future (the alternative delivery vehicle) for Adult Social Care in Barnet.

3. Aims and Objectives

The main aim for the project is to develop the best vehicle to deliver the new operating model of ASC in future, ensuring the service is well placed to meet the challenges of growing demand and budgetary savings outlined above, through supporting the delivery unit in achieving the required £13.1m of MTFS savings assigned in the MTFS period from 2017/18 – 2019/20.

In the same time period and in addition, the ADV has been identified in the MTFS as having the potential to directly deliver a further £1.96m of savings which are required to achieve a balanced budget by the end of the financial year 2019/20.
Building on the work set out in the outline business case, this revised business case presents an update on the appraisal of the three options shortlisted in March 2016. The findings of this phase of the work are set out in sections 4 & 5 of this revised business case.

4. Options Appraisal

4.1. Option A: Reforming and delivering the service in-house.

ASC services would continue to be delivered within the current organisational arrangements of the Council's A&C Delivery Unit, in partnership with Capita. The current transformation programme developing the new operating model would be

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accelerated and enhanced to address financial and operational sustainability of the service.

Analysis of consultation findings:

This option had the highest level of support in the Public consultation with 50% of respondents supporting it and 30% of respondents stating this option would have a positive impact on them and their family. When asked to provide the reasons for their choices, the largest reason given in support noted that the Council had the statutory duty and should remain in direct control of delivery of services. Further reasons included local knowledge and high standard of training of council staff and acknowledged this as the option with the lowest level of risk.
However, respondents also stated a need for a cultural shift and improvement of current services.

Legal Analysis:

Delivery of ASC through a council managed service is the most tried and tested delivery option as it is currently in operation in Barnet and the majority of ASC services in England.

Detailed financial modelling:

Financial modelling has found that the in-house option will not enable the Council to deliver £1.96m savings through re-organising the service. However, the financial modelling has confirmed the potential for savings to be realised from third party spend by keeping people independent and well for longer through the successful implementation of the new operating model.

Engagement with staff and senior managers from the A&C Delivery Unit:

Engagement has taken place with staff from the ASC service in the Adults and Communities Delivery Unit, which has shown enthusiasm for the proposed new operating model to apply the strengths based approach throughout the service user journey. A number of additional improvement opportunities to further reform the in-house service have been developed with staff from the A&C Delivery Unit and tested through a series of workshops.
These opportunities build on the services' ambition to apply the strengths based approach throughout the service user journey from first contact. The ASC Transformation Programme Board will review these opportunities in autumn 2016, with a view to deciding how best to integrate the findings into the new operating model implementation programme.

Workforce analysis

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Under Option A, there would be no changes to terms and conditions and there are no plans to re-structure the service.

Risk analysis:

The reformed in-house option is low risk, as it requires no implementation other than that required to implement the new operating model. In terms of risk, the risk to the Council does not change from the current position within the Delivery Unit.

Consideration of Appraisal criteria relevant to Option A

Could this option deliver the required culture and process change?
Through the process of identifying the key opportunities for service improvement and testing these with senior delivery unit managers and staff, we found that some of the opportunities could be implemented within a reformed in-house service by building on and accelerating progress already made in the testing of the new operating model and its' approaches, such as strength based practice. The opportunities identified are well suited to accelerate and enhance the implementation of the new operating model and this will be reviewed and explored by the ASC transformation programme in the autumn. The appraisal indicates it will be more challenging to develop a new relationship with residents while remaining in house.

Could this option generate savings and / or additional income?
The work has shown that operational savings cannot be achieved through the reformed in-house option. However, modelling has found that the main opportunity for future savings delivery lies in the successful implementation of the new operating model and its beneficial impact on current and future demand for high cost service packages commissioned from the ASC purchasing budget. In doing so it will provide additional assurance to ASC MTFS current savings lines and initiatives. The most significant risk to achieving the total ASC MTFS targets of £18m to 2019/20 is the rising level and complexity of demand on ASC services in Barnet (and nationally). The financial modelling will be further developed to access the extent the in-house option can deliver through reducing demand for care packages.

Has this option been tested by other councils?
As set out in the OBC in March, almost all local authorities across the country deliver their adult social care services through traditional council led social care departments.

The level of service and financial risk presented by the option
The risk to the Council does not change from its current position within the Delivery Unit as it builds on changes already being introduced through the testing of the new

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operating model and does not include any changes in terms and conditions for staff. Financially, the risk to the Council does not change from its current position which is continuing to manage a service that is currently overspending against a backdrop of rising demand for ASC services locally in Barnet and nationally across the country.

The likely timescales for implementation
The reformed in-house service is the option with the shortest timescales for implementation, as the changes required to deliver the new operating model relate to practice development and process change as opposed to the legal, governance and organisational change required for the other two options.

The projected cost of implementation
Implementation of Option A will not incur any additional costs and will be funded from the current transformation reserve funding set aside for the ADV project.

4.2. Option B: Sharing services with public sector partner(s) such as local NHS organisations and/or other London Boroughs

Under this option, the Council would join up with one or more local NHS organisations to deliver integrated health and social care services. As well as integrated front line delivery, it is envisaged that there would be a single organisation with an integrated social care and health management team, responsible for the delivery of local health services and ASC services.

The Council has been committed to health and social care integration with its Better Care Fund programme. The Council has previously agreed a business case for health and social care integration[1]. The Better Care Fund plan for integrated care has been agreed by and is reviewed regularly at the Health and Wellbeing Board. This integration journey would be continued and expanded upon under this option.

Since the OBC report to the Adults and Safeguarding Committee in March 2016, significant changes have been taking place in the NHS system. Guided by NHS England, health commissioners and providers are currently in the process of developing their five year 'Sustainability and Transformation Plans (STP)'; showing how local services will evolve and become sustainable over the next five years – ultimately delivering the future vision for the NHS as set out in the 'Five Year Forward View'. This process has had an impact on progressing a detailed options

[1] See also Adults and Safeguarding Committee 02 October 2014 – Business Case for Barnet Health and Social Care – Integration of Services:
https://barnet.moderngov.co.uk/documents/s18033/Business%20Case%20for%20Barnet%20Health%20and%20Social%20Care%20-%20Integration%20of%20Services.pdf

appraisal on an NHS shared service to present to Committee for the September meeting. It is now proposed to bring a further report on this to committee in 2017.

Analysis of consultation findings:

Public consultation showed 41% of respondents supporting this option.
The most common reasons for support were cited as recognising the close link between health and social care and the potential to create greater continuity through a more joined up approach.

Some respondents were, however, concerned about social care's role in this partnership, fearing health priorities will take precedence over social care needs and funding. It further highlighted respondents' concerns about the potential size of an integrated organisation and the impacts on quality of practice.

Face to face engagement sessions also showed general support for this option. Particularly feedback gathered from older residents in Barnet highlighted the benefits of receiving care through one joined up pathway and the potential for care being delivered through a single provider.

Legal analysis:

Legally, a shared service with the NHS can be achieved through well established mechanisms such as Section 75 agreements, as permitted by the National Health Service Act 2006. This option further builds on local arrangements with a number of S 75 agreements already in place.

Detailed financial modelling:

It was not appropriate at this stage to undertake detailed financial modelling on this option. However, it should be noted that the NHS is an important factor in any approach to create financial sustainability, as 55% of referrals to ASC services are received from primary and secondary health care providers.

Engagement with staff and senior managers from the A&C Delivery Unit:

Staff engagement showed that staff in the A&C Delivery Unit saw the benefits of further health and social care integration, in particular the smoother experience for service users receiving all their care through one joined up support pathway.

Workforce analysis:

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Further detail on the future organisational structure of this option would need to be developed with the Council's health partners. One of the key benefits of a full structural integration will be the opportunity to reduce duplication of effort between the different organisations and drive efficiencies in management capacity. It is therefore highly likely that this option would require a restructure of current management arrangements in future. Implications regarding terms and conditions for the current A&C workforce will need to be considered as part of the next phase of detailed planning for this option.

Risks analysis:

A risk assessment of this option would be carried out during detailed development of the option.

Subject to sufficient progress being made in the STP Programme, we are proposing to bring an updated position to Adults and Safeguarding Committee in 2017.

Consideration of Appraisal criteria relevant to Option B

Could this option deliver the required culture and process change?

The shared service with the NHS has the potential to drive significant partnership working with health, particularly when aligned to pooled budget arrangements and if driven by a vision to create an Accountable Care Organisation (ACO). These have attracted interest as they offer a way forward for overcoming fragmented responsibility for the commissioning and provision of care in the NHS and in social care. They bring together a number of providers to take responsibility for the cost and quality of care for a defined population within an agreed budget. ACOs can take different forms ranging from fully integrated models to looser alliances and networks of hospitals, medical groups and other providers.

An ACO would be incentivised to build strong relationships between the leaders of participating organisations and the clinicians who deliver care. This includes nurturing cultures of collaboration and teamwork to overcome organisational and professional silos and deliver truly coordinated care.

Staff and the public alike have expressed support for this option throughout consultation. Staff members in particular felt that integration with health has the most potential to improve the service we offer to residents in enabling a joined up and seamless care journey.

Could this option generate savings and / or additional income?

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Due to significant developments in the NHS, notably the current planning stage for the comprehensive Sustainable Transformation Plan (STP), covering all aspects of health provision; detailed financial modelling of Option B is not appropriate at this stage and has therefore not been included in this phase of the work.

While modelling has not been able to confirm that Option B will deliver the £1.96m in budget savings assigned to it, the ADV will be a key enabler to ensuring the sustainability of the ASC service going forward and to provide additional assurance to ASC MTFS current savings lines and initiatives. The most significant risk to achieving the total ASC MTFS targets of £18m to 2019/20 is the rising level and complexity of demand on ASC services in Barnet (and nationally).

Has this option been tested by other councils?
In line with central government policy and local strategies, most local authorities and local NHS systems are on a journey towards closer working together in an integrated way, albeit at different levels of structural integration, and most have current integrated service delivery arrangements in place via S75 agreements.

ACOs are being actively developed in a number of areas in England as a response to growing demand, financial and service quality pressures and to deliver care models that improve the experience of the service user/ patient in integrating services that were previously delivered separately.

Northumbria is proposing to develop an ACO to take forward its work as a primary and acute systems (PACS) vanguard. It will work under a contract agreed with commissioners who will define the outcomes the ACO will be expected to deliver. In the current vanguard setup, Northumbria are working with their local CCG, GPs across the county, Northumberland County Council, as well as providers of mental health and specialised services. Whilst not fully integrated in an ACO at this stage, Northumberland's efforts are being recognised and supported with a recent award of £8.3m to support further integration of services.

The level of service and financial risk presented by the option
The NHS shared service option shows strong potential for significant improvements for Barnet's residents in the medium to longer term. The option builds on Barnet's own vision for integrated care, as well as meeting national policy and best practice requirements in the future.

The likely timescales for implementation
The timescale for the development of a shared service with the NHS will vary depending on the approach taken – e.g. on whether further S75 arrangements are being sought or the development of a fully integrated management and delivery structure through an Accountable Care Organisation. Timescales will vary depending on the budgets, payment mechanisms, number of services involved, the changes

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required to commissioning / provider setup and arrangements between NHS providers, the CCG and the Council.

However, this implementation effort is also likely to realise significant benefits in terms of outcomes for service users and patients, as well as the potential for efficiencies and future savings through integration into a single management structure as well as efficiencies of scale through better integrated health and social care services.

The projected cost of implementation
Due to its early stage of planning this cannot be estimated at present.

4.3. Option C: Establishing a public service mutual organisation

As described in the outline business case presented to this committee in March, Public Service Mutuals (PSM), as alternative vehicles for service delivery have increased in popularity in recent years, though very few are to date fully operational in adult social care social work and assessment.
In its' purest form, a PSM would be independent from the Council, any surplus it generated would be re-invested in the service and it would be at least partially owned by its staff. This concept of shared ownership and meaningful representation of staff and local people at management board has driven the staff buy-in for this option for People2People in Shropshire and is a key feature of the success for Focus in Lincolnshire.

Analysis of consultation findings:

Public consultation showed 63% of respondents opposed this option. This was also reflected in face to face engagement sessions. Whilst recognising some potential for innovation and improvement through this option, there were concerns about a potential lack of accountability.

Legal analysis:

Legal advice was sought on governance, procurement and tax issues and available legal structures of ownership of the model and their implications for the management of financial and organisational risk. We also carried out financial modelling, the findings of which are set out later in this report.
A PSM would be subject to procurement rules and the council would be required to tender the service at some point in the future. If this option were pursued, it would involve the setting up of an independent organisation with the required lead in times.

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The benefits associated with PSMs can largely be described as soft benefits, such as a greater level of staff involvement and engagement, the opportunity to innovate and reducing some of the 'red-tape' that is often associated with working within the council as a much larger organisation. As outlined in previous reports to Committee, our research and engagement has indicated that staff and service users in adult social care PSMs valued the opportunities they presented for culture change and a new relationship between residents and the service.

Detailed financial modelling:

Detailed financial appraisal of this option has shown that it is very difficult to quantify these softer benefits in potential savings terms. Doing so is subject to a number of assumptions, many outside the direct control of the Council and therefore it remains too speculative to apply as the basis for a financial business case for creating a PSM.
There are other savings that can be financially modelled with a greater degree of certainty, such as implementing a PSM with a streamlined management structure. However, these have shown not to deliver the necessary risk resilience against a backdrop of a service that is currently overspending on its' third party spend budget. Other PSMs have delivered workforce savings through changes to staff terms and conditions. However, this is considered to be a risky approach in the London and Barnet context of difficulties in recruiting and retaining social workers. Other means to achieve staffing savings in addition to those already in the council's current MTFS are considered unlikely through a PSM.
The financial modelling has shown the likely costs of implementing a PSM to be in the region of £750k, reducing the forecast financial net benefit for the Council. If savings from reducing operational costs were to be achieved, they would not be realised within the current MTFS period to 2019/20, as modelling shows they would be realised at a minimum of four years after set up of the PSM.

Engagement with staff and senior managers for the A&C Delivery Unit:

Direct engagement with staff has shown limited support for this option, on the basis that implementing a PSM could release the energy to accelerate the changes introduced through the new operating model. A risk identified in implementing a PSM option is that it could reduce staff engagement in delivering the new operating model, as the focus turned to implementation of the organisational form of the PSM and staffing changes.

Workforce analysis:

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There would be workforce implications with the PSM option because staff would transfer to the new organisation under TUPE arrangements. As set out above, operational savings from workforce terms and conditions are possible but risky in the current context for social care.

Further research:

Updated legal advice has indicated a certain failure rate for PSMs and some models previously fully staff and publicly owned have since returned to be wholly council owned structures.

Risk analysis:

Because of the feedback from public consultation, the risks and the negligible financial benefit, it is proposed that the PSM option is no longer pursued as an alternative delivery model approach.

Consideration of Appraisal criteria relevant to Option C

Could this option deliver the required cultural and process change?
The OBC rightly referred to examples of successful PSMs such as Focus in North East Lincolnshire and People2People in Shropshire, proving that a PSM can be an effective way of creating this environment.

Findings from the current stage of our work show that implementing a PSM could be an effective enabler for some of the softer benefits, such as greater room for innovation, professional autonomy and positive risk taking.

Could this option generate savings and/or additional income?
The key findings of the financial modelling highlight that:

- Modelling has not been able to confirm that Option C is able to deliver the £1.96m in budget savings assigned to it.
- The soft benefits associated with the implementation of a PSM could not be quantified in savings terms.
- Implementation costs of the PSM option are significant and likely to range upwards of £750k; and
- Any savings potential arising from implementing a PSM can only be realised if doing so significantly reduces staff turnover and if changes to staff terms and conditions can be realised that result in reduced pension contributions for new joiners to a PSM.

Within the MTFS period, the PSM option was found to cost an additional £563,000 pounds.

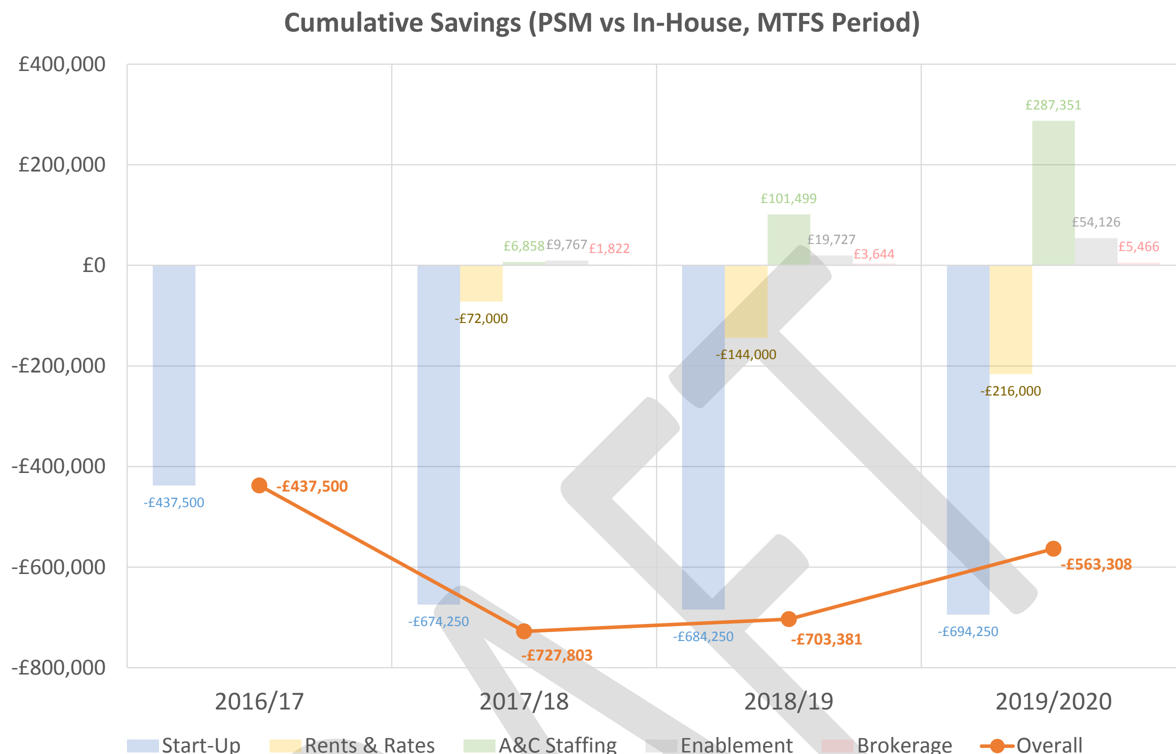

Figure 1 - Cumulatively, PSM expected to cost c. £563k within the MTFS period, rather than delivering £1.96m savings as initially envisaged (Current prices)

This is largely due to the start-up and additional costs, which are expected to cost c. £750k in the first 2 years as the PSM gets off the ground. It's then also assumed that the PSM would be required to fund a physical location for operations and incur additional spending on activities such as marketing.

The primary way in which some these higher costs could be offset would be through alterations to terms and conditions for PSM staff, compared with the in-house option. This would need to be achieved through a reduction in pension contributions from the current in-house level of c. 16%, to a reduced level of 12% for new staff. Staff turnover is assumed to be at its current level of 16% in the first 2 years, before it reduces to 12% as the improved culture would be expected to reduce attrition. Combined, this would lead to £287k lower staff expenditure with the PSM over the MTFS period.

These findings highlight that in light of the significant implementation costs of a PSM, the immediate return on investment of this option is not feasible from a financial perspective. Savings would also be achieved outside the MTFS period.

Has this option been tested by other Councils?

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Successful PSMs in social care statutory services are very limited and People2People and Focus (Shropshire and North East Lincolnshire respectively) remain the most relevant practice examples to inform learning at Barnet, both, in terms of their scope and learning gleaned to date.

The likely timescales for implementation
Based on experiences from existing PSMs, learning from the councils' recent Education ADV project suggests that a likely timeline for development will require at least nine months to go-LIVE of the PSM, with no financial benefits realised within the MTFS period to 2019/20.

The projected cost of implementation
Taking into account learning from the recent Education ADV project in Barnet, as well as experiences shared by the leadership team at Shropshire, we estimate the costs of implementing the PSM option at £750k, split over two financial years (£500k this financial year with another £250k in 2017/18). The main items incurring costs will include those for legal support, transfer and TUPE of staff and project and change management requirements.

The level of service and financial risk presented by the option
Our work has shown that the PSM can deliver an additional catalyst for culture change, innovation and staff ownership through benefits associated with PSMs which can be described as soft benefits; such as a greater level of staff involvement and engagement, the opportunity to innovate and reducing some of the 'red-tape' that is often associated with working within the council as a much larger organisation.
Financial appraisal of this option has shown that it is very difficult to quantify these softer benefits in potential savings terms. Doing so is subject to a number of assumptions, many outside the direct control of the Council and therefore it remains too speculative to apply these softer benefits as the basis for a financial business case for creating a PSM. There are other savings that can be financially modelled with a greater degree of certainty, such as implementing a PSM with a streamlined management structure. However, these have shown not to deliver the necessary risk resilience against a backdrop of a service that is currently overspending on its' third party spend budget. Other PSMs have delivered workforce savings through changes to staff terms and conditions. However, this is considered to be a risky approach in the London and Barnet context of difficulties in recruiting and retaining social workers. Other means to achieve staffing savings in addition to those already in the council's current MTFS are considered unlikely through a PSM. The financial modelling has shown the likely cost of implementing a PSM to be in the region of £750k, reducing the forecast financial net benefit for the Council. If savings from reducing operational costs were to be achieved, they would not be realised within the

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current MTFS period to 2019/20, as modelling shows they would be realised at a minimum of four years after set up of the PSM.
In addition, a change to a PSM vehicle would necessitate extensive change for ASC staff (including to their terms and conditions) and would be a significant distraction from the implementation of the new operating model. It has also shown through public consultation and staff engagement to be the least popular option and has not been tried and tested widely or long enough to provide sufficient confidence it would be successful in Barnet.
If savings from reducing operational costs were to be achieved, they would not be realised within the current MTFS period to 2019/20, as modelling shows they would be realised at a minimum of four years after set up of the PSM.

5. Recommendation

It is proposed that the PSM option is no longer pursued as an option for an alternative delivery model approach. It is further proposed that the NHS shared service option be worked up in more detail and an update be presented back to committee in 2017. Our additional work has shown that the key priority for continued improvement in our ASC services should be to implement the proposed new operating model.

6. Next steps

The next stage of this project will be delivered through producing a further business case that develops the NHS shared service option in greater detail

Based upon the findings from the NHS shared option appraisal, a recommendation for will be presented to the Adults and Safeguarding Committee in 2017.

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Annex A: Financial Modelling: Approach and Scope

Overview of Approach:

Financial modelling has been led by the council's Director for Resources and delivered through an external challenge process to provide a level of detail and robustness appropriate for this stage of the ADV options appraisal. In particular, the modelling work has been undertaken to provide an assessment of the deliverability of the savings expectation of £1.96m to be delivered through the implementation of the ASC ADV.

Model scope:

The Adults & Communities (A&C) budget for 2016/17 was used as the basis for scoping the model. The ADV will have direct and indirect impacts on A&C spending – this model was focused on spending directly impacted by the new vehicle. Following interviews and discussions with the delivery unit, budget lines were determined to be in or out of scope as illustrated in Figure 1.

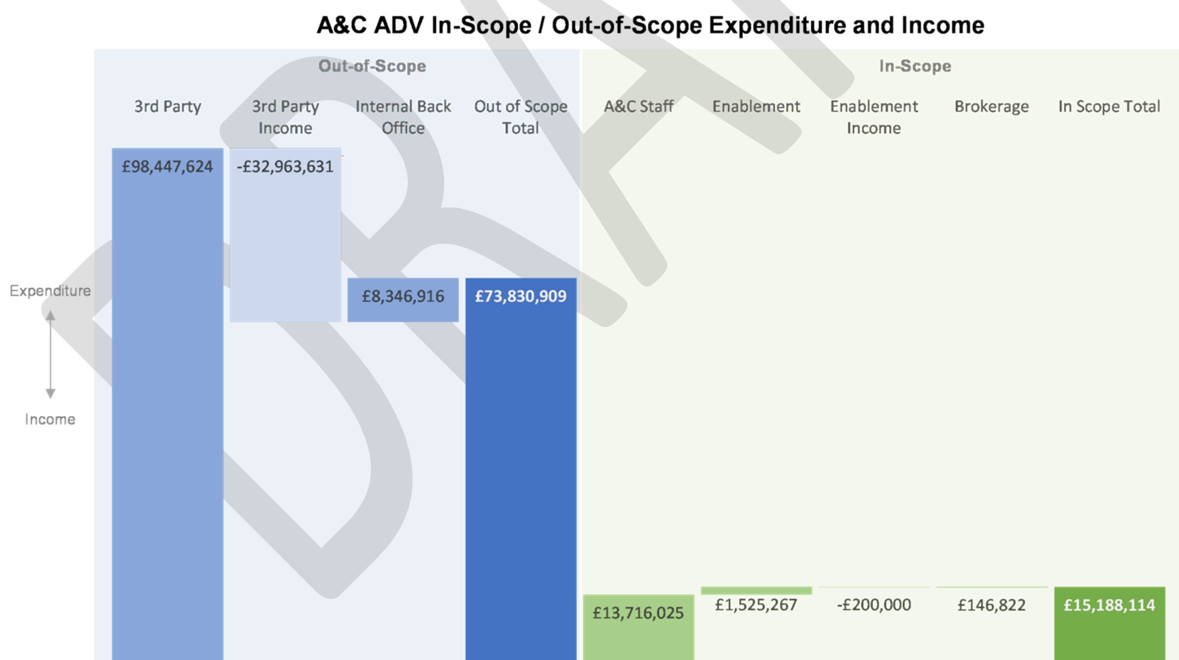

Figure 1 - A&C ADV In-Scope / Out-of-Scope Expenditure and Income (2016/17 budget)

Out of scope:

£73.8m of 2016/17 net spending was determined to be out of scope for financial modelling of the ADV project, as illustrated above. This includes £98.4m of third party spending, for example to residential care providers. It also includes third party income, for example contributions from health bodies and Section 256 contributions.

These budgets are out of scope as they will not be held within the ADV structure, although the ADV may be responsible for the distribution of the funds.

Back office functions are currently provided primarily through a third party contract with Capita. It was determined that it would not be possible to be released from this without a significant penalty, and third-party back office spending was considered out of scope. Following discussions with the DU, in-house back office spending (including equipment, transport and 'other services') was considered out of scope as it was unlikely to be significantly impacted by the ADV.

In-scope:

Expenditure and income (where relevant) in three areas were considered in-scope.

a) Adults and Communities staff
b) Enablement
c) Brokerage

Start-Up costs as well as rents and rates were also considered.

The approach and assumptions to modelling spending in these areas are outlined in the following section.

Model approach and assumptions:

The project involved outlining model requirements, holding ADV operational planning meetings, conducting a gap analysis of data sources and availability, creating a 'skeleton' model to test initial thinking, carrying out further in-depth ADV operating model interviews, gathering and analysing data.

Through these activities a series of key assumptions were set in conjunction with the A&C delivery team and the Council's Director for Resources to inform the forward economic modelling undertaken.

The base assumptions considered factors such as inflation and demand growth while more specific assumptions included A&C staffing expenditure costs as is.

To allow financial modelling of the in-house and PSM ADV scenarios, a number of 'variable' assumptions were also set. These included:

- Pension contributions, set at 16% for in-house and 12% for the PSM
- On boarding costs
- Staff turnover – assumed lower in the PSM due to more autonomy, responsibility (opportunity for progression)

In addition, service development opportunities were worked up with the delivery unit to allow modelling of potential efficiencies in both the in-house and the PSM ADV scenario.

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AGENDA ITEM 9

	Adults & Safeguarding Committee **Fit & Active Barnet Framework 2016-2021** **19th September 2016**
Title	**Fit & Active Barnet Framework 2016 – 2021**
Report of	Cassie Bridger, Strategic Lead- Sport & Physical Activity
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1- Draft Fit & Active Barnet Framework 2016-2021.
Officer Contact Details	Cassie Bridger, Strategic Lead – Sport & Physical Activity Cassie.Bridger@Barnet.gov.uk Courtney Warden, Commissioning Lead – Sport & Physical Activity Courtney.Warden@barnet.gov.uk

Summary

In 2015 a Sport and Physical Activity (SPA) Team was formed within the Local Authority with the responsibility to deliver an effective approach to sport and physical activity across Barnet. This has guided the development of a draft Fit and Active Barnet (FAB) Framework 2016-2021, which seeks to facilitate a revised strategic direction and focus that challenges inactivity across the Borough.

This report highlights how a revised direction will encourage greater collaboration, drive improvements, and unlock new opportunities between partners whilst aligned to corporate priorities. The FAB Framework 2016-2021 is reflective of the evolving physical activity, sporting and social landscape of Barnet, which through alignment with new National strategies for sport and physical activity seeks to provide a co-ordinated approach to identify how increasing participation should fully embrace a diversity of services to provide an integrated solution to a multi-faceted challenge.

The paper outlines the contribution sport and physical activity can make locally, recommending the establishment of a Fit & Active Barnet Partnership to support in meeting commitments identified within the FAB Framework 2016-2021. At the core of this aspiration it will mean that by 2021 there will be measurable improvements that determine;

- An increase in the percentage of active adults (as defined by Sport England Active Lives).
- Improved health outcomes and general wellbeing
- Improved opportunities to access sport & physical activity for all ages and abilities
- An enhanced approach to partnerships
- Better intelligence to identify needs, supply and demand for sport and physical activity provision
- Innovative approaches to make participation an attractive choice
- Increase sustainability, creating more resilient communities and sport and physical activity providers, including; clubs and the voluntary and community sector.

The report asks for the Adults and Safeguarding Committee to approve the draft Fit and Active Barnet Framework for public consultation. Following which a report will be presented back to Committee to note a final Fit & Active Barnet Framework 2016-2021.

Recommendations

1. **The Adults & Safeguarding Committee approves the draft Fit & Active Barnet Framework 2016 – 2021 for public consultation.**
2. **The Adults & Safeguarding Committee notes a final Fit & Active Barnet Framework 2016-2021 will be reported back to Committee.**
3. **The Adults & Safeguarding Committee notes a review of the Fit & Active Barnet Strategy 2016 -2021 will be reported to Committee in 2018.**
4. **The Adults & Safeguarding Committee notes that a Fit & Active Barnet Partnership will be set up to deliver the outcomes within the framework.**

1. WHY THIS REPORT IS NEEDED

Sport & Physical Activity Overview

1.1 Our vision is to “create a more active and healthy borough”, contributing towards an engaged, productive, resilient and empowered population. As our population becomes increasingly sedentary, physical activity is importantly recognised as an essential component of our wellbeing; providing a positive contribution to our physical and emotional wellbeing.

1.2 The approach and evidence included within the draft Fit and Active Barnet (FAB) Framework 2016-2021 (Appendix 1), reinforces the benefit of sport and physical activity extends well beyond physical health, into areas such as psychological and social wellbeing, community involvement and employment. The development of the Fit & Active Barnet Framework 2016-2021 sets out a local structure for the development in Barnet over the next five years. Through alignment with national and local strategy, in addition to council commissioning plans, it aims to provide a refreshed approach to increasing participation.

1.3 As public sector resource, capacity and investment faces significant pressure, the importance of collaboration to maximise opportunities and sustainability is vital. Physical activity and sport is well positioned to support in addressing a range of social issues; with health improvement, community cohesion, crime reduction, skill development and lifelong learning among the most prominent. Recognising Barnet has a growing population; with diverse needs, there is a clear opportunity to establish the role of the Local Authority with regard to decision making, delivery, brokerage, support and influence.

1.4 The current Sport England Active People Survey Data has historically focused on participation (14 years+), providing detail based on the total sample size population that participate in activity of moderate intensity. The launch of the Government Strategy: “A Sporting Future; A New Strategy for an Active Nation” places a significant shift on the achievement of outcomes opposed to outputs including the responsibility of Sport England to support activity from 14 years + to 5 years +. This revised focus drives a change in approach at a local level to ensure public health messages; increased awareness and opportunities are better connected amongst age groups.

1.5 Over the past five years participation in sport has appeared to be fairly static in Barnet, although current Sport England Active People Survey presents a drop off, underlined by masking some major disparities amongst sport and physical activity. The key reporting headlines in Active People Survey 9 indicate in Barnet;

- 50.1% of the population do not currently take part in any sport.
- 37.7% of the population currently participate in sport at least once a week (moderate intensity for 30m or more)
- 18.1 % total number of population participating in sport 3 or more times per week (moderate intensity for 30m or more)

- Inequalities are apparent as current research demonstrates 37.2% of men currently participate in sport once or more per week (30m more), compared to only 32.6% of women.
- Number of all adults (16+) wanting to do more sport – 68.0%
- Number of inactive adults wanting to do sport - 25.7%
- Disability – no data available due to low sample size.
- 35.6% of adults from BME communities participate in sport once or more per week (30 minutes or more).
- 12.7% of adults are volunteering in sport

1.6 In November 2016, the Active People Survey Data will be replaced by Active Lives, a new set of 20 indicators which will measure how active people are overall – rather than how often they take part in any particular sport. It will be used to test progress towards the five key outcomes defined within the Government Strategy to transform an understanding of how sport delivers them. This is crucially aligned to the Fit & Active Barnet Framework 2016-2021 which places an importance on the delivery of a range of outcomes and a commitment at a local level to achieving improvements in wellbeing.

1.7 There are several demographic groups whose engagement in sport and physical activity is below the national average, which is evidenced by the local sporting profile presented by Sport England. The benefit of engaging those groups that typically do little or no activity is immense and can alleviate pressure and demand for a range of services. The draft Fit and Active Barnet framework 2016-2021 continues to recognise the importance of engaging with under-represented groups;

- Children and young people (18's and under)
- Older adults (over 65's)
- Women and Girls
- Disabled people
- Black and Minority Ethnic groups
- and those of a lower socio economic status.

1.8 The importance of recognising opportunities to work within key priority groups will define the range of indicators that can be used to measure Borough wide success with partners, whilst using insight to strengthen the sector to retain participation, provide sustainable opportunities and improved cohesion.

Strategy Approach

1.9 Creating key connections with National and local strategies, the Fit and Active Barnet Framework addresses the importance of greater collaboration, and the importance of embracing a diversity of services across Barnet to support a prevention pathway.

1.10 The fundamental outcomes indicated within the National Government Strategy - Sporting Future; A New Strategy for an Active Nation (Dec 2015) focuses on physical health, mental health, individual development, social and community development and economic development. Taking this into consideration, it was

recognised through stakeholder engagement workshops that Barnet has an important leadership role to play which involves bringing schools, voluntary sport clubs, National Governing Bodies of sport (NGBs), health and the private sector together to forge partnerships, unblock barriers to participation and improve the local sport delivery system.

1.11 The draft Fit & Active Barnet framework 2016- 2021 has taken an approach that adopts the four outcomes established within the Barnet Joint Health and Well-being Strategy (2015-2020), recognising the need for alignment to achieve a shared vision and avoid duplication. These four outcomes cut across a participation journey and can be clearly linked to policy within sport, physical activity, leisure and health:

- Improve and enhance Barnet leisure facilities, ensuring that opportunities are accessible for all residents;
- Advocate investment and innovative policies to support the delivery of high quality, accessible facilities and delivery of services;
- Facilitate partnerships and develop opportunities that demonstrate a commitment to embed an ‘active habit’;
- Target those who do not traditionally engage – increase participation amongst under-represented groups.

1.12 These headline sport & physical activity outcomes define the priorities for the future which are inextricably linked to a renewed approach by central government. An objective of meeting key priorities will be to better understood in context and alignment with Barnet commissioning management plans. The subsequent result of this will facilitate a better enablement of resource, articulation of planning, commissioning, delivery, required investment; facilitate partnership working, direction and efficiencies that respond directly to local need and priority. The approach of the strategy has taken each of the areas below, connected priorities to the respective area and developed commitments that can be used to streamline a direction for sport and physical activity over the next five years;

- Public Health
- Growth & Development
- Environment
- Children & Young People
- Adults & Health

1.13 The intention is to provide a platform for partners to deliver their own respective strategies, action plans, projects and interventions that have a clear alignment and synergy to a Fit and Active Barnet framework. These commitments will encourage new partnerships and renew assurances to develop and improve opportunities in sport and physical activity at all levels across the borough. This was discussed throughout engagement sessions with the Council, to assist in

creating a connection across these key areas to enable the development of future opportunities and guide influence,

2. REASONS FOR RECOMMENDATIONS

Fit & Active Barnet Partnership

2.1 A Fit and Active Barnet Framework, commitments and subsequent network will provide a platform for partners to deliver their own respective strategies, action plans, projects and interventions that have a clear alignment and synergy to local strategic direction. These commitments will encourage new partnerships and renew assurances to develop and improve opportunities in sport and physical activity at all levels across the borough

2.2 The consequent result of this is aimed to better enable resource, articulation of planning, commissioning, delivery, required investment, partnership working, direction and efficiencies that respond directly to local need and priority.

2.3 It is envisaged that the Fit and Active Barnet Partnership will consist of Council officers with responsibilities in this field, stakeholders, external partners and community organisations. The involvement of a range of representatives is essential in order to cover the breadth that the sport and physical activity outcomes are set to achieve.

2.4 The remit and scope of the Council means that it can offer a contribution in meeting the outcomes and are central to assisting in the development of policy that can help to address issues which may be difficult for other agencies to resolve or that are simply too large for some other partners to manage.

Stakeholder Engagement

2.5 In June 2016 the Sport & Physical Activity Team commissioned London Sport, the Regional County Sport Partnership to facilitate two workshops. The first workshop consisted of a specific focus on feedback from Council Officers from a range of responsibility areas which included; planning, community participation, employment, youth, community safety, equality and diversity, children and young people, parks and open spaces and public health.

2.6 A second workshop was co-ordinated for external community groups and stakeholders which included representation from Barnet Homes, Inclusion Barnet, Barnet Mencap, Saracens Foundation, Middlesex University, GLL, Barnet Carers Centre, Age UK Barnet and the Young Barnet Foundation. Both workshop groups acknowledged the four outcomes established, noting vested interest to work more collaboratively to achieve success. The external stakeholder group demonstrated a strong desire to share information, learn from and create new opportunities with each other. In consideration of the draft Fit and Active Barnet Framework it was recognised that to ensure external community sector stakeholders have the capacity to engage meaningfully in an

agenda, a priority of the Fit and Active Barnet Partnership should prioritise the use of technology to assist with information share and data capture.

2.7 In addition, London Sport and the Sport & Physical Activity Team developed an online survey for National Governing Bodies aimed to capture further feedback and understanding of alignment to Barnet priority outcomes. The survey identified opportunities to derive greater benefits from establishing closer partnerships with National Governing Bodies of Sport such as the Lawn Tennis Association (LTA) and Football Association (FA), England Athletics, Amateur Swimming Association, Badminton England; England Hockey; Middlesex Cricket; Middlesex Squash & Racquetball Association/England Squash; Royal Yachting Association and the Tennis Foundation who have identified Barnet as a priority Borough

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The draft FAB Framework 2016 -2021 has been considered at 5 years in length to coincide with recognition of national, regional and local policy which is intended to re-inforce an approach. This specifically endorses alignment with five year strategies launched recently by Government in December 2015; A Sporting Future; A New Strategy for an Active Nation and the Sport England Strategy; Towards an Active Nation (2016-2021) launched in May 2016.

4. POST DECISION IMPLEMENTATION

4.1 Following the approval of recommendations outlined within this paper, the Sport & Physical Activity Team will work to co-ordinate the following activity;

Area	Month	Lead
Public Consultation	September – October 2016	SPA Team
Final Fit & Active Barnet Framework 2016 – 2021	November 2016	SPA Team
Fit & Active Barnet Partnership established	January 2017	SPA Team

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Corporate Plan 2015-2020 is based on the core principles of fairness, responsibility and opportunity to make sure Barnet is a 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; and
- Where services are delivered efficiently to get value for money for the taxpayer.

5.1.2 The Corporate Plan includes the following outcomes and targets that can be delivered, partially or fully by the Fit and Active Barnet Framework 2016-2021:

- To increase the percentage of people satisfied with Barnet's parks, playgrounds and open spaces, both across the borough as a whole and within parks currently scoring the lowest levels of satisfaction;
- Drive an increase in overall resident satisfaction with Barnet as a place to live to amongst the highest of any Outer London borough;
- Facilitate economic growth and the success of residents, and removing any barriers or unnecessary costs to growth for successful local businesses;
- Manage the rising demand on services through an early intervention and prevention approach;
- Build stronger partnerships with residents and community groups, encouraging them to take on more personal and community responsibility, with more people volunteering;
- Pilot a 'place based commissioning' approach, targeting resources in the greatest areas of need;
- Support older people, young people with complex disabilities and individuals with mental health issues to receive support in the community to stay well, remain active and maintain independence;
- Enable Barnet residents to be some of the most active and healthy in London, benefiting from improved leisure facilities and making use of the borough's parks and open spaces'
- Ensure the 'built environment' is designed to help people keep fit and active;
- Improve attainment levels within schools and reduce the achievement gap;
- Continue to support families through an integrated range of services, delivered through a network of locally based centres to ensure that children get the best start to life;
- Make Barnet a place of opportunity and work with partners to address NEETS, ensuring a broad skills offer for young people, encompassing a range of options including apprenticeships and employment opportunities;
- Work with communities and partners to achieve long-term sustained reductions in crime.

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

5.2.1 Through a partnership approach the Fit & Active Barnet Framework 2016-2021 seeks to guide better enablement of resource, articulation of planning, commissioning, delivery, required investment; facilitate partnership working, direction and efficiencies that respond directly to local need and priority.

5.2.2 A key part of driving future success is the implementation of a 'Fit & Active Barnet Partnership'. The role of this Partnership will be to assume a strategic role to

assist in supporting mutually beneficial outcomes specified within the strategy, supported through respective sub network groups e.g. the Barnet Disability Sports Network. This will include a robust process, working in collaboration to evaluate the use of available funds (external or other as determined) to deliver a comprehensive and integrated offer to maximise participation.

5.2.3 It is envisaged that adoption of a final Fit and Active Barnet Framework 2016-2021 and formation of a Fit & Active Barnet Partnership will assist with unlocking investment opportunities and potential within the Borough. This will be explored through strategic networks and external investment through a range of bodies (eg National Governing Bodies of Sport, National Lottery Awards).

5.3 **Social Value**

5.3.1 The draft Fit & Active Barnet Framework 2016 - 2021 emphasises the importance and development in respect of the five critical outcomes identified below which are also defined within the Government Strategy- Sporting Future; A New Strategy for An Active Nation. These are;

- Physical wellbeing
- Mental wellbeing
- Individual development
- Social and community development
- Economic development

5.3.2 A partnership approach to co-ordination and delivery will also ensure that services accessible are of a high quality and value for money, maximising resources to support residents and provide a positive customer experience.

5.4 **Legal and Constitutional References**

5.5 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.

5.5.1 The Council has statutory duties to promote the wellbeing and health of its residents for example in the Care Act 2014, Children & Young People Act.

5.6 **Risk Management**

5.6.1 The establishment of a Fit & Active Partnership will help manage and mitigate any risk associated with delivery of the strategic objectives.

5.6.2 Measurements of success and Key Performance Indictors will be monitored via the Fit & Active Partnership Board as agreed.

5.7 **Equalities and Diversity**

5.7.1 A final Equalities Impact Assessment will be conducted following public consultation and in advance of forming a final Fit & Active Barnet Framework 2016-2021.

5.8 **Consultation and Engagement**

5.8.1 In June 2016 the Sport & Physical Activity Team commissioned London Sport to facilitate two workshops; one with a specific focus on feedback from Local Authority Officers and the other with external community groups and stakeholders.

5.8.2 Further public consultation of the draft Fit and Active Barnet Framework is required, subsequent to Committee approval this will be conducted in September 2016.

5.9 **Insight**

5.9.1 The development of the Fit & Active Barnet Framework will characterise a future which will strategically enhance sport and physical activity in Barnet, through a focused set of priorities. Areas highlighted within document have been identified through optimum use of local, regional and national insight to inform and guide interventions and resources.

6. BACKGROUND PAPERS

6.1 Please see Appendix 1 – Draft Fit & Active Barnet Framework 2016-2021.

Fit & Active Barnet (FAB) Framework
2016-2021

Foreword (draft)

Barnet has a strong aspiration; to ***create a more healthy and active borough***. Our ambition is clear, but it is a vision that can only be achieved working collaboratively with partners and stakeholders, with residents at the core of service design and delivery. The ability to access sport and physical activity opportunities across Barnet is crucially determined by an effective strategic and integrated approach, which must aspire to ensure our residents lead an active and healthy lifestyle.

Greater collaboration will provide the foundation for innovation; contribute towards achieving success and a wide reaching impact. This strategy aims to set a direction for those planning, co-ordinating and delivering physical activity in Barnet over the next five years. We want to connect strategic documentation and priorities to be more intelligence led and participant focused.

This journey will not be met without challenges, and our response to providing solutions through a committed and connected approach will enable us maximise opportunities and deliver meaningful outcomes for our residents.

Councillor Sachin Rajput
Chairman, Adults & Safeguarding Committee

Why do we need a Fit & Active Barnet Framework?

This document sets out a local framework for the development of sport and physical activity in Barnet over the next five years, underpinned by a vision to create a ***'more active and healthy borough'***. It aims to provide a co-ordinated approach to identify how increasing participation in sport and physical activity should fully embrace a diversity of services to provide an integrated solution to a multi-faceted challenge, ensuring insight is used and resources are targeted effectively.

As our population becomes increasingly sedentary, physical activity is importantly recognised as an essential component of our wellbeing; providing a positive contribution to our physical, mental and emotional health. In order to challenge and address inactivity, there is a clear requirement to establish the role of the Local Authority with regard to decision making, delivery, brokerage, support and influence. A future primary role of the Council will focus on;

- The alignment of focus via Council Strategies, Council Commissioning Plans and Management Agreements.
- Creating conditions for stakeholders, community groups and organisations to effectively work in partnership to achieve a shared vision.
- Providing insight, intelligence and support to facilitate opportunities.
- Communicate and promote value and benefit of sport & physical activity.
- Foster an accessible, inclusive and attractive approach to participate in activity.

The Authority recognises that there is an active network of organisations and providers within the borough, and it is anticipated that the approach outlined within this document will provide a platform for partners to deliver their own respective strategies, action plans, projects and interventions that have a clear alignment and synergy to this framework. We want to encourage new partnerships and renew commitment to develop and improve opportunities in sport and physical activity at all levels across the borough. The subsequent result of this will facilitate a better enablement of resource, articulation of planning, commissioning, delivery, required investment; facilitate partnership working, direction and efficiencies that respond directly to local need and priority.

DRAFT

To successfully provide a platform for strategic alignment amongst partners and stakeholders and truly reflect the residents and communities of Barnet, this DRAFT strategy has been developed via engagement with Council Officers, National Governing Bodies of Sport, Stakeholders, the Community and Voluntary Sector (detailed in Appendix 1).

Our direction is guided through recognition of national, regional and local policy which will reinforce an approach. This is not limited to but considers;

- Barnet Health and Wellbeing Strategy (2015-2020)
- Barnet Community Participation Strategy (2015)
- Barnet Parks & Open Spaces Strategy (2016-2026)
- Barnet Playing Pitch Strategy (2016) – in draft
- Barnet Children and Young People's Plan (2016 – 2020)
- Local Implementation Plan (2011)
- Barnet Local Plan – Core Strategy DPD (2012)
- Barnet Community Safety Strategy.
- Barnet Community Asset Strategy
- Commissioning Plans (Portfolio Areas)
- London Sport; Blueprint for a physically active sporting city
- Sport England; Towards an Active Nation (2016 – 2021)
- DCMS; Sporting Future: A new strategy for an active nation (2015)
- Department of Health; Everybody Active Every Day (2014)

The launch of a new Government Strategy: A Sporting Nation (December 2015) and the Sport England Strategy; Towards an Active Nation (2016-2021), provides key principles that interact and correlate with the Barnet Corporate Plan (2015-2020), striving to ensure that the borough is the place of opportunity, where people are helped to help themselves, where responsibility is shared and where high quality services are delivered effectively and at low cost to the taxpayer.

The relationship of these corporate outcomes is clearly connected to a national vision to encourage '*more people from every background regularly and meaningfully engaging in sport and physical activity.'* In addition to supporting an approach to create *'a more productive, sustainable and responsible sport sector'.* At a local level in Barnet this will mean greater alignment of networks, policy and information available to;

- Identify opportunities to increase participation
- Develop and support sporting pathways
- Provide a shared vision and strategic direction, working in partnership to effect change and continuous improvement
- Reduce inequalities and promote equality
- Access funding to deliver sustainable initiatives
- Foster innovation by looking at less traditional forms of engagement and delivery, helping to make access to sport and physical activity an easy, practical and attractive choice.
- Develop greater community capacity; increasing community responsibility and opportunities for residents to design services with us.

DRAFT

What are the Sport & Physical Activity Strategic Outcomes?

In order to achieve our vision, we want to maximise engagement and work collectively with a shared ambition to inspire and ***create a more active and healthy borough***. The Barnet Health & Wellbeing Strategy 2015-2020 identified four outcomes for sport and physical activity, which form the basis of this strategy.

- **Outcome 1** - Improve and enhance Barnet leisure facilities, ensuring that opportunities are accessible for all residents.
- **Outcome 2 -** Advocate investment and innovative policies to support the delivery of high quality, accessible facilities and delivery of services.
- **Outcome 3 -** Facilitate partnerships and develop opportunities that demonstrate a commitment to embed an 'active habit'.
- **Outcome 4 -** Target those who do not traditionally engage – increase participation amongst under-represented groups.

Understanding available insight and intelligence will enable us to shape an approach that engages and captivates residents in a more focused and concentrated manner. Thus assisting to reduce inequalities and respond to the diverse needs of the following under-represented groups;

- Children & Young People
- Older Adults
- Women & Girls
- Disabled People
- Black & Minority Ethnic Groups.

Sport and Physical Activity: Insight & Guidance

Barnet has an increasing and aging population; and is now the largest borough in London with 376,265 residents. The highest rates of population growth are forecast to occur around the planned development works in the west of the borough, with over 113% growth in Golders Green and 56% in Colindale by 2030.

Useful Facts

- The west of the borough generally has the highest concentration of deprivation in the wards of Colindale, West Hendon and Burnt Oak. There are pockets of deprivation across the borough such as the Strawberry Vale estate in East Finchley and the Dollis Valley estate in Underhill.

- The percentage of adults with excess weight (overweight and obese) is 57.8%. This is lower than the London average at 58.4%.

- For children aged 4 – 5 years, the percentage of excess weight (overweight and obese) is 20.8% which is lower than the London average at 22.2%. Excess weight for children aged 10 –11 years is currently 38.6% which is higher than the London average of 37.2%.

- Barnet's population is becoming more diverse, driven predominantly by the natural change in the population. The highest proportion of the population from white ethnic backgrounds are found in the 90 years and over age group (93.3%), whereas the highest proportion of people from Black, Asian and minority ethnic (BAME) groups are found in the 0-4 age group (55.4%). The wards of Colindale, Burnt Oak and West Hendon have populations of whom more than 50% are from BAME backgrounds.

- Coronary Heart Disease is the primary cause of death amongst men and women. As male life expectancy continues to converge with that of women it is likely that the prevalence of some long term conditions will increase in men faster than women.

DRAFT

- There is no definitive data on the amount of people with a disability living within the borough, although research undertaken by Oxford Brookes University provides the following estimates;

  - Moderate or severe learning disabilities - 1,507
  - Moderate physical disability – 16,795
  - Severe physical disability – 4,749
  - Mental health problems – 16,523

In July 2011 the four UK Chief Medical Officers (CMOs) published physical activity guidelines in a joint CMO report 'Start Active, Stay Active' covering early years, children and young people, adults and older adults. In developing a Barnet approach, we must recognise and understand behaviour change patterns.

Early experiences often shape our perspective, which can discourage activity, resulting in little or no interest to participate (at any stage in life). Physical Activity does not refer in its entirety to sport; and is wholly inclusive of all forms of activity (play, dancing, walking, and gardening). Sport has a wide range of skills and benefits that can improve our mental wellbeing, confidence, interpersonal skills and sense of achievement.

Methods of communication are critical to create and promote messages of awareness. We must work to improve advertising the benefits of physical activity and the positive impact it contributes to our lifestyle.

Over the past five years participation in sport has appeared to be fairly static in Barnet, although the most recently available Sport England Active People Survey (APS 9) presents a drop off, underlined by masking some major disparities amongst sport and physical activity. The number of women participating in sport and physical activity is low and appears to be declining, in addition to those who are included within low income groups and from black, minority and ethnic groups.

An insufficient sample size in respect of disability participation (local and London region) highlights an important requirement to promote accessibility and alignment of opportunities for disabled people.

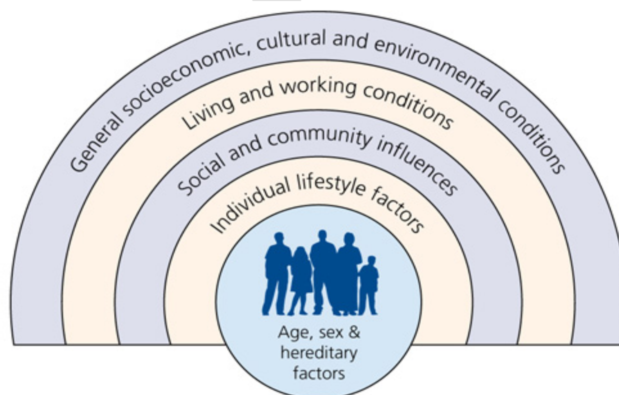
Sport England Active People Survey 9 results;

- 37.7% of the adult population aged 16+ participate in sport at least once a week. 18.1% participate at least three times per week.
- The percentage of the population achieving the recommended levels of physical activity set out by the Chief Medical Officer.
  Active: >150 minutes a week = 58.5%
  Insufficiently Active: 30-149 minutes a week = 14.3%
  Inactive: 0-29 minutes a week = 27.2%

- 50.1% of the population do not currently take part in any sport.
- Inequalities are apparent as current research demonstrates 37.2% of men currently participate in sport once or more per week (30m more), compared to only 32.6% of women.
- Number of all adults (16+) wanting to do more sport – 68.0%
- 35.6% of adults from BME communities participate in sport once or more per week (30m or more) compared to 40.4% from White communities.

Barriers & Motivators

We recognise that there are numerous barriers to individuals participating in sport and physical activity, including; community, school, work and transport environments that are not conducive to physical activity in daily life, high user fees, a lack of awareness of opportunities, transportation, time constraints, personal preferences, cultural and language barriers, self-esteem, issues of access to local recreation facilities and a lack of safe places to play.



The approach we take to address barriers and tackle inequalities will rely on universal access to environments and facilities, at an appropriate cost across social gradients to achieve results. Engagement in physical activity and sport can support in addressing a variety of social issues including; community inclusion, community safety, education and skills development.

A Barnet approach to Sport & Physical Activity

As public sector resource, capacity and investment faces significant pressure, the importance of collaboration to maximise potential and sustainability is vital. The contribution of the Local Authority will require a focus on strategic facilitation to increase impact, which will refocus practical aspects of service delivery. As a subsequent affect, this will mean working with stakeholders and partners to create an insight orientated approach that guides and enables the action required to develop a sustainable sport and physical activity infrastructure.

Together we need to utilise resources in an efficient manner to ensure that capacity remains to support a sport and physical activity offer. Across Barnet there is a varied and vibrant network that continues to provide opportunities for all residents. Delivering improvement and achieving success will rely on creating a thriving network and offer delivered through forged relationships. Future success will rely on the implementation of a 'Fit & Active Barnet Partnership', which will govern and bring this framework to life; establishing a foundation to maximise opportunities that respond to demand, avoid duplication of services, identify and address gaps, demonstrate value for money and increase participation through a multi-agency approach.

We know that Barnet has a volume of assets (education, community and private) that have the ability to accelerate a diverse offering within the borough. Facilities create our local infrastructure, shape experiences and enhance a physical activity pathway. Our future intention is to create a more accessible environment, working with a range of organisations to expand and enhance whilst realising benefits to co-locate services. It is acknowledged that to achieve success, emphasis will be focused on mutually

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beneficial partnerships which aspire to assist individuals and groups to lead a healthier lifestyle. It is important that we aid behaviour change; encouraging communities to spend their 'leisure time' being active rather than opting for sedentary interests.

Providing physical activity responses to rising population will be critical in ensuring that the long term impact on our services is less strained. Recognising that at different life stages drop out occurs we need to challenge social and lifestyle habits. Therefore ensuring that opportunities for participation are accessible, affordable, high quality and relevant to communities.

An objective of meeting key priorities will be to better understand context and opportunities for alignment against the Local Authority Commissioning areas of;

- Public Health
- Growth & Development
- Environment
- Children & Young People
- Adults & Health

The table below gives an overview of the four outcomes and the priorities of focus. The subsequent sections of this document outline how via the Fit & Active Barnet Partnership we can work collaboratively to achieve these priorities using sport as the mechanism.

Vision	Outcome	Fit & Active Barnet Partnership Priorities
Create a more active and healthy borough	Improve and enhance Barnet leisure facilities, ensuring that opportunities are accessible for all residents.	By 2021 Barnet will be serviced by a viable stock of leisure facilities (open space inclusive) that make sport and physical activity accessible by all residents; meeting the needs of local communities and achieving health outcomes.
	Advocate investment and innovative policies to support the delivery of high quality, accessible facilities and delivery of services.	Ensure maximum output and value is realised through the use of investment, policy and tools to improve participation and access to opportunity.
	Facilitate partnerships and develop opportunities that demonstrate a commitment to embed an 'active habit'	Position Barnet as a health promoting borough, working in collaboration to promote opportunities (inclusive of volunteering), ensuring that every contact counts to drive a Fit & Active Barnet.
	Target those who do not traditionally engage – increase participation amongst under-represented groups	Utilise available data sets and insight to effectively target inactive people and deliver sustainable programmes that encourage healthier lifestyles and increased participation.

Public Health

Physical activity is one of the most basic human functions, yet inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths. In Barnet, health costs of physical inactivity currently cost £6.7 million, equating to approximately £1.9 million per 100,000 of our population. The challenge Barnet faces is not dissimilar to our London Local Authority neighbours and whilst the benefits of exercise are widely publicised, we are faced with a daunting prospect of further disengagement. Our approach and the action we take locally requires focus on a varied pathway for all ages and abilities.

In 2014, Public Health England launched its national strategy for physical activity, Everybody Active Every Day, which outlined five key steps for local action identified below;

- Every child to enjoy & have skills to be active
- Safe, attractive & inclusive active living environments

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- Make every contact count in public & voluntary sectors
- Lead by example in public sector workspace
- Evaluate and share 'what works'

These steps are aligned with Barnet Public Health principles, which are determined by recognising the importance of early intervention and prevention to contain demand and deliver better outcomes. As our health and social care system faces the challenge of increasing demand and limited resources, it will necessitate a need to innovate and transform the way services are delivered, within the resources available. For physical activity and sport, this means we need to make prevention the subject of all residents, whilst developing relationships with key partners including the Clinical Commissioning Group and health professionals to demonstrate investment in physical activity is an efficient and effective option to;

- ✓ Give children the best start in life
- ✓ Support healthy lifestyles and self-care
- ✓ Reduce substance misuse and smoking
- ✓ Promote the wellbeing, resilience and capacity of individuals and communities
- ✓ Support employment
- ✓ Create healthy places

This approach will enable a more cohesive demonstration of value and obvious costs to an individual and their families in terms of ill health and reduced life expectancy, building a case in Barnet to commission physical activity. In order for us to successfully increase participation levels and improve the health of Barnet residents we must better understand such contributory factors and provide solutions to co-ordinate targeted interventions that prioritise;

- Treatment of disease (such as heart disease, diabetes, cancer, obesity, depression and dementia)
- Injuries from falls
- Social care arising from loss of functional capacity and mobility in the community
- Sickness absence from work and school
- Loss of work skills through premature death or incapacity
- Lower quality of life and mental wellbeing for individuals and carers.
- Access to opportunities and facilities (inclusive of open spaces) that are fully inclusive and encompass a whole life course

It is important to recognise the role that employers can make to support the health and wellbeing of their workforce. Investing in the health of employees provides business benefits such as reduced sickness absence, increased loyalty and better staff retention. Promoting workplace health solutions will support in reducing behaviours and trends associated with a sedentary lifestyle.

CASE STUDY: WORKPLACE HEALTH

The London Healthy Workplace Charter is a self-assessment framework that recognises and rewards employers for investing in workplace health and wellbeing. It provides a series of standards for workplaces to meet in order to guide them to creating a health-enhancing workplace

London Borough of Barnet achieved the Healthy Workplace Charter at commitment level in 2015. Led and coordinated through a collaborative approach between London Borough of Barnet and Barnet and Harrow Public Health, a range of weekly activities are available to staff including running and walking groups and class based sessions such as yoga and Pilates. Staff can also access advice and guidance thorough the year such as health MOT's, looking after your mental health and oral health in addition to other aspects of wellbeing.

An inaugural Healthy Living and Sports event was held for staff in June 2016, in which170 staff members competed in an afternoon of fun sports day activities. An analysis completed on sickness absence demonstrated that following the implementation of the Healthy Workplace Charter absence occurrences related to stress, mental health and 'other musculoskeletal' illnesses have reduced.

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A Fit & Active Barnet Partnership will:

- Integrate public health outcomes within a new Barnet leisure management contract, effective from 2018.
- Support health intervention pathways, harnessing the relationship between health and activity (e.g. post health check, children & young people healthy weight pathway, weight management and cardio vascular disease).
- Embed a commitment to ensuring that delivery partners and stakeholders are aligned to and fulfilling key policy that directly impacts participants and the quality of services received i.e. Mental Health Charter for Sport and Recreation, Barnet Youth Charter, Barnet Dementia Manifesto and the emerging Governance Code for Sport in the UK.
- Support promotion and implementation of the Healthy Workplace Charter across Barnet.
- Ensure brief advice on physical activity is incorporated into services for groups that are particularly likely to be inactive (utilising key guidance and available resources).
- Ensure that representatives from the Fit & Active Barnet Partnership influence the Barnet Healthy Weight Pathway Group (children & adults).
- Refine understanding of the needs and barriers to participation amongst priority groups by working with key agencies and service users.
- Align with and fully embrace key government and national targeted campaigns to get the nation moving more i.e. This Girl Can, One You and Change 4 Life.
- Encourage an innovative approach that seeks to increase participation via less traditional forms of delivery to reach a wider demographic and address barriers to participation i.e. parkrun.

Growth & Development

Our daily environments have changed significantly in recent years and maintaining sufficient levels of physical activity is becoming more and more challenging. The causes of physical inactivity and disengagement in sport can be largely attributed to a number of environmental factors, which have made daily living and working environments increasingly sedentary. The distance between homes, workplaces, shops and places for leisure activities has increased the use of cars which has led to a decline in walking and cycling. Inevitably this is a major factor in reducing levels of physical activity and increased obesity.

In January 2015, walking in Barnet had risen by 3% (from 24.9% January 2014), clearly representing an interest to participate in specific walking initiatives or completion of journeys by foot. Investment in walking and cycling infrastructure or behaviour change programmes can be expected to deliver low cost, high-value dividends for health and the economy. Evidence suggests switching to active travel from short motor vehicle trips alone could save £17bn NHS costs over a 20 year period, with the largest cost saving from the reduction in the expected number of cases of type 2 diabetes (£9bn).

The 2012 Local Plan (Core Strategy) for Barnet identified three objectives that can be addressed via sustainable travel solutions;

- To provide safe, effective and efficient travel
- To promote strong and cohesive communities
- To promote healthy living and well-being

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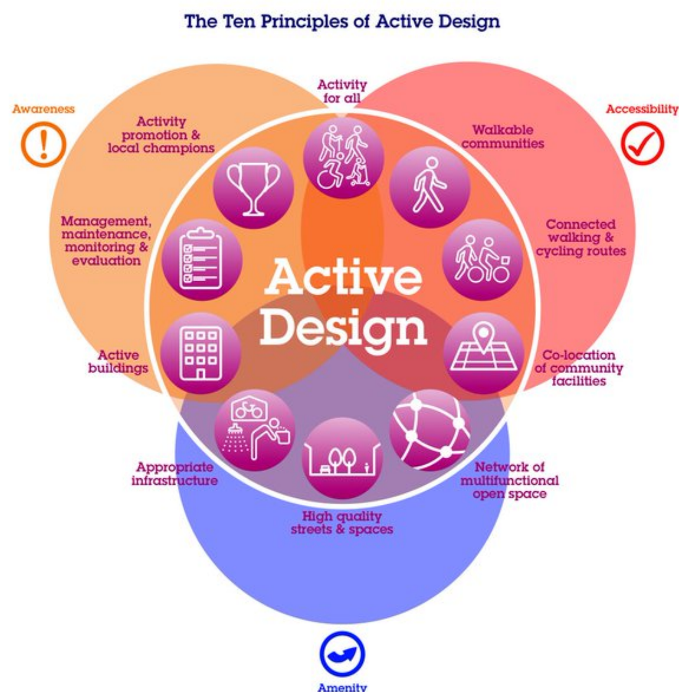
A considered future approach in Barnet must acknowledge the value of sustainable travel, and work with partners like Transport for London (TFL) and regeneration partners to improve connectivity and ensure local facilities and services are easily accessible on foot, by bicycle and by other modes of transport.

London Borough of Barnet's Sustainable School Travel and Transport Strategy (2007) sets out a vision to keep the borough clean, green and safe through promoting more environmentally friendly travel. School Travel Plans have been implemented in schools across the borough, with 98 schools achieving the Sustainable Travel, Active, Responsible, Safe (STARS) mark in the 2015/2016 academic year. Implementation of these plans has demonstrated a significant decrease in the number of car journeys (to and from school). These plans also strive to improve the health of children and young people (and their parents and guardians) by promoting alternative modes of transport such as walking and cycling.

Through a multi-agency approach, the Fit & Active Barnet Partnership will play a crucial role in influencing sustainable travel solutions, particularly supporting the vision of 'enabling all children and young people access to a healthier lifestyle through improved access to sustainable travel'.

Everybody Active, Everyday (2014) and the Sport England 'Active Design Principles' emphasises that by developing 'active environments', through 'thoughtful urban design, understanding land use patterns, and creating transportation systems', we can help to create active, healthier and more liveable communities. Crucially in order to improve accessibility, amenity and awareness; local authority officers, partners and organisations must consider how to best optimise the ten principles to best effect opportunity. We know Barnet will become increasingly diverse, driven predominantly by natural change in the existing population, the increased ward population projections directly correlate with the planned regeneration developments in west of the Borough (Colindale, Burnt Oak, West Hendon & Brent Cross). One of the key challenges will be meeting the diverse needs of growing communities. Therefore involving the local community and experts at various stages of development will enable greater maximisation of opportunity.



Achieving as many of the Ten Principles of Active Design as possible, where relevant, will optimise opportunities for active and healthy lifestyles.

The London Plan (2015) identifies Barnet as an area for intensification where planning decisions should 'seek to optimise residential and non-residential output, provide necessary social and other infrastructure to sustain growth, and where appropriate, contain a mix of uses'. Sport & physical activity in Barnet must recognise the scale and demand that growth generates, and work strategically with planning agents to review opportunities to co-locate services and create community hubs. This will make it easier for families to be active in the same place, provide usage all year round and offer cost effective operating solutions. We must also ensure that future planning applications and regeneration opportunities prioritise the need for all residents to be physically active as part of their daily life. In broad terms, this will mean where feasible influencing and unlocking potential Community Investment Levy monies in addition to Section 106 money to support sport and physical activity in Barnet.

Creating a sustainable sports sector will endeavour to support and grow our local economy. The Entrepreneurial Barnet Strategy (2015-20) considers way in which the success of the Barnet economy can be supported by concerted action by the Council and its partners. Presently it is estimated £133.4m is

directly attributed to the economy of Barnet through sport, with approximately with 3,580 (full time equivalent) jobs employed within the local sports sector. In order for Barnet to build on creating a diverse and varied workforce, we must better utilise insight and networks to understand skills required, capability and capacity to develop and forge relationships with employers.

CASE STUDY: WORKFORCE DEVELOPMENT

The SHAPE programme, funded by Sport England and Barnet and Harrow Public Health is a three year programme (2014 – 2017) established to support young people aged 14 - 19 to access sport and physical activity opportunities in the wards of Burnt Oak and Colindale. Over 1,000 young people have accessed weekly sports sessions provided via the programme including gym sessions, basketball, street dance and football. In excess of 30 young people have also been supported to broaden their horizons through sports qualification opportunities. The success of the programme resulted in it being shortlisted from 600 applications for the annual National Lottery Awards 2016 to the final 14.

Joe* is a young person from the Grahame Park estate (Colindale) that has benefitted significantly from engagement in the SHAPE programme. At risk of becoming disengaged and experiencing personal issues, Joe was identified as a young person that would benefit from attending a Basketball Activators course. Attendance at this course led to Joe expanding his learning and experience by completing a Junior Sports Leadership Award, this in turn led to further support from Middlesex University through a Level 2 Fitness qualification. Joe is now being supported via the SHAPE project team and Youth & Family Service to secure casual employment to support with the delivery of SHAPE sessions, aiding career development and project sustainability.

**participant name not disclosed for confidentiality reasons.*

A further £233.7m is attributed through the contribution that sport makes to volunteering, health service and visitors into the area. The importance of volunteering in sport and physical activity is invaluable, and traditionally has been seen as an enabler for others to play sport whilst growing activity from grassroots level. Sport England; Towards an Active Nation (2016) outlines a commitment to look at volunteering through the eyes of the volunteer, better connecting individual benefits alongside the health and wellbeing of an individual. This is a refreshed approach which will also require recognition that modern day life can often make volunteering difficult. In Barnet, this will require collaborative approach to;

- Provide access to high quality, diverse volunteering opportunities that fulfil personal needs, enable utilisation of skills and the development of new skills and experiences.
- Adopt an innovative approach to volunteering, to ensure community benefit is at the very core.
- Establish new relationships with residents and the voluntary and community sector (VCS) that enables independence and resilience, encouraging greater responsibility for sport and physical activity in their local areas.
- Encourage and support the VCS with utilising available tools and training such as Club Matters and ‘Join In’ to increase their volunteering offer and develop the confidence to engage and support volunteers.

Achievement of the above will lead to creating a strong robust sporting voluntary sector in Barnet that will help address;

- Tackling social isolation and those most vulnerable
- Supporting people affected by the welfare reform and/or on-going poverty
- Get more people proactively engaged in developing and maintaining their local areas.
- Create opportunities to work with faith groups in particular, where capacity is high, will assist in promoting stronger relationships and opportunities to mobilise higher levels of volunteering that will enhance the local workforce

CASE STUDY: PARKRUN BARNET

From beginners to Olympians, parkrun at Oakhill Park offers Barnet's residents the opportunity to participate in a free timed 5km run every Saturday at 9am. Led entirely by volunteers and established in 2011 a staggering 3,102 individuals have participated in the weekly run, with an average of 82.6 runners per week. Clocking up a distance of 107,750km the runners have collectively run to Sidney, Australia and back again three times.

A Fit & Active Barnet Partnership will:

- Maximise the use of facilities and identify opportunities for co-location and community hubs, widening access to ensure that facilities and open spaces are better used by the communities they serve.
- Encourage and maximise the use of sports facilities during and outside of school hours through management arrangements, leases and robust business models.
- Through the planning process identify opportunities to invest in sport and physical activity in Barnet e.g. S106 monies, Community Investment Levy and Sport England's Strategic Investment fund.
- Influence planners and key policy makers to build and promote healthier and more active communities within new developments and regeneration schemes.
- Enable and promote active travel across Barnet, through a strategic network which aims to increase use and break down barriers associated with alternative travel methods e.g. walking and cycling.
- Encourage the development of volunteering across the Borough through strategic alignment to the Community Participation Strategy adopting a 'Do it with us, not to us' approach.
- Encourage high quality employment and work experience through the sports and physical activity sector to benefit local residents e.g. supporting the implementation of London Sport's disability sport employment programme 'Activity Works'.

Environment

Barnet offers a unique blend of parks and open spaces, inclusive of indoor and outdoor sports facilities which will be future characterised by population growth. Much of the new regeneration will not provide individual residents or families with children access to private green space. This presents a demand and adaptation to ensure that greenspace facilities deliver a range of opportunities and future benefits. Our environments must ensure that facilities are accessible for all, with a particular focus on those from under-represented groups; lower socioeconomic status, black and minority ethnic groups with specific cultural requirements and those who have a disability.

Parks and open spaces are widely recognised for their health benefits as they can be used as a setting for casual or organised exercise. In Barnet, parks and green spaces are the most popular location for exercising, accounting for over 50% of exercise in the borough (SPA Review Consultation, 2013). It is therefore important to maintain and improve the environment to encourage physical activity, particularly as the provision of facilities and spaces play a critical role in sustained resident engagement.

In 2016, Barnet commissioned a Playing Pitch Strategy, a report that will endeavour to provide an updated evidence base which assesses sporting need and demand. A key driver of this strategy will ensure that outdoor sports facilities and pitches contribute to the Council's strategic objective to increase the proportion of young people and adults taking part in regular activity, meeting associated health outcomes. Evidence produced will fundamentally assist and inform future revenue and capital expenditure decisions to provide a clear strategic focus that ensures facilities can become financially sustainable in the future. The adoption of

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the Playing Pitch Strategy presents a strategic opportunity to work with National Governing Bodies and other funders to address a response in securing appropriate investment in Barnet to transform provision.

The Parks and Opens Spaces Strategy 2016, includes strategic desire to create 'sports hub' sites, aimed at providing a geographical spread of sports facilities across the borough to augment the current focus on grass pitch provision. This will require the use of Council resources and additional capital investment to facilitate such developments. The current areas that have been identified are;

- Barnet Copthall
- Barnet Playing Fields
- West Hendon Playing Fields

This investment programme focuses on the borough's largest and most important sites which are distributed evenly across the borough, with the ability to deliver significant health outcomes. The conclusion of the Playing Pitch Strategy (November 2016) and the Copthall Planning Brief (September 2016) will assist the Council to test this vision further and strategically align priorities.

Local spaces are equally significant in delivering positive outcomes across the borough and a place based approach, supported through residents and stakeholders will deliver increased activity. This will be especially crucial when developing future proposals for the following areas;

- Outdoor Gyms
- Marked and measured routes programme
- Cycle route programme
- Green ways and green routes
- Playground investment
- Tennis Courts

The Local Authority will need to work with a range of stakeholders via the Fit & Active Barnet Partnership to guide a thematic approach in enabling the associated areas above.

As a collective we need to work towards facilitating improved utilisation of assets and venues (indoors and outdoors), which cater to provide children, young people and adults with the ability to participate in safe activity in a variety of premises (provided or operated by public, private, voluntary and community sectors).

The importance of promoting social capital and supporting sport and physical activity through assets is vital. Barnet has a strong community asset base on which to build and the Community Asset Strategy (2015) outlines an approach to make the best use of Local Authority property portfolio to support community and voluntary organisations, whist ensuring financial and community benefits are maximised for residents. The result of this process has articulated a need for lessee's, and local authority officers to strategically work in partnership to implement a methodology that demonstrates social impact. This process has emphasised the need for a co-operative and combined approach, whilst encouraging the use of ClubMark and other available tools and resources to measure quality and community focus.

Through utilisation of Sport England's 'Community Assets' guidance there is an opportunity to support sports clubs and the VCS to take control of sports assets where there is a strategic need and community benefit. This approach seeks to help clubs and the VCS to grow, develop new opportunities, secure their future and be more engaged placing them at the heart of the communities in which they serve.

There are five Local Authority owned leisure centres in Barnet, which have a crucial role to play to ensure access to provision. The Sport & Physical Activity (SPA) Project set up in 2012/13 provided an opportunity to evaluate how to deliver services differently, and address customers' needs through a more integrated approach, focusing on health and wellbeing outcomes in a manner that is sustainable. Proposed investment schemes at Barnet Copthall Leisure Centre and New Barnet Leisure Centre (a replacement of Church Farm Leisure Centre) will assist in creating and developing accessible destinations that provide a pathway from physical activity through to competition.

Via a collaborative approach we need to ensure that the future development, management and access to sports facilities are the 'best fit' for the local communities that they serve, creating welcoming environments

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for all. This approach will help is to maximise opportunity and impact in addition to better positioning Barnet for partnership working and investment opportunities.

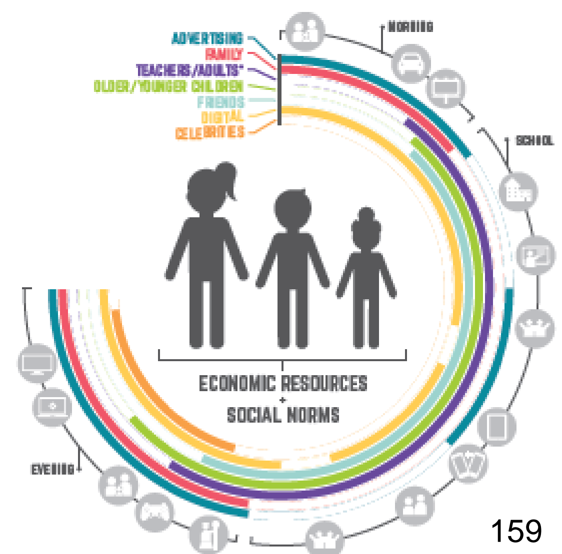
A Fit & Active Barnet Partnership will:

- Work in partnership to explore opportunities to secure funding to improve infrastructure and participation.
- To ensure that findings of the sports and physical activity assessments i.e. Playing Pitch Strategy are taken into account in key plans and policies, including the Local Development Framework.
- Improve strategic alignment to ensure opportunities are concentrated and a range of facilities are utilised to sustain future activity; via the workplace, community, leisure, education, travel and open environment.
- Assess proposals for signs restricting physical activity in public spaces and facilities (such as those banning ball games) to judge the effect on physical activity levels. Similarly, ensure way finding signage is maximised.
- Improve Barnet leisure facilities, including the redevelopment of Barnet Copthall Leisure Centre and a new leisure facility in Victoria Recreation Ground, New Barnet.
- Advocate for spaces and facilities used for physical activity meet recommended safety standards for design, installation and maintenance e.g. DDA compliance.
- Promote the Inclusive Fitness Initiative Accreditation (or equivalent), supporting expansion beyond leisure facilities.
- Maximise use of strategic tools i.e. ClubMatters and Community Assets guidance to create a sustainable sport and physical activity offer.
- Work in partnership with Barnet Community Participation and Strategy to facilitate appropriate community access arrangements.

Children & Young People

The Barnet Children and Young People Plan (2016 – 2020) has a clear aspiration to 'create a family friendly borough'. This means children and families can keep themselves safe, achieve their best, be active and healthy whilst have a say. The young Barnet population is estimated to grow by 6% up to 2020 when it will reach 98,914, maintaining Barnet as the second highest population of children and young people in London.

As the recommendation for physical activity in children stresses upon promotion at an early age, and the extended remit of Sport England requires a focus on 5 years plus, the importance of local data will require a strategic and guided response through the Fit & Active Barnet Partnership to; develop provision working with children's centres, primary and secondary schools, further education and the community to meet need and improve outcomes for children and young people. This also guides a requirement for a holistic approach giving equal consideration to influences within children and young people's lives including; family, economic resources and social norms.



In Barnet, the Healthy Children's Centre programme is a universal preventative public health programme aimed at

improving health outcomes of children and their families, from pregnancy through the first five years. This programme provides an opportunity to strengthen the relationship between children's centres and health partners in order to provide high-quality health services to improve children's health outcomes. All professionals in early years settings and beyond are encouraged to embed Public Health England's 'All Our Health' evidence-based principles in their practice, with particular focus on the childhood obesity and physical activity topics.

As we are aware, 1 in 5 children in the UK are overweight or obese when they start primary school, this increases to 1 in 3 children by the time they leave primary school. By encouraging positive health behaviours and active play in early years, we are able to impact obesity levels and many other health outcomes of our young children before they are identified during in the National Child Measurement Programme.

Healthy Schools London is a programme established in 2011 by the London Health Improvement Board; set up to tackle child obesity levels within schools across the capital. Led by the Barnet and Harrow Public Health team, to date 77 schools within the borough have achieved 'Healthy Schools' status at varying levels (7 Gold, 22 Silver, 48 Bronze) with 14 schools incorporating sport and physical activity at a targeted or universal level. With the programme due to cease in July 2017 a collaborative approach is required if we want to maintain momentum and ensure schools are committed to improving the health and well-being of Barnet's young residents.

CASE STUDY: MAYORS GOLDEN KM CHALLENGE

The Mayors Golden KM Challenge (MGKMC) is a multiagency* project established to encourage primary schools to get their pupils moving more by incorporating a 1KM run, jog, skip or walk around a marked route in their school playground, field, local park or open space.

10 primary schools participated in phase one of the MGKMC (commencing Jan 2015) where approximately 5,000 children and young people have participated, building physical activity in to their school day.

In addition to health benefits, behaviour change has been recognised across a continuum with young people, teachers and parents all demonstrating an improved attitude towards physical activity and leading a healthier lifestyle. Come rain or shine, schools complete their KM every day and if the weather is too bad they will undertake bursts of activity indoors using resources such as Go Noodle.

Phase two of the MGKMC will include supporting more primary schools via the project and supporting sustained activity by exploring initiatives such as junior parkrun and utilising existing infrastructure e.g. Marked and Measured routes.

**Partners include; London Borough of Barnet, Saracens Sports Foundation, England Athletics, Barnet Partnership for School Sport, Barnet and Harrow Public Health and Middlesex University.*

With 160 schools in the borough and in excess of 62,000 pupils, the education sector makes a significant contribution to sports development in Barnet, establishing early experiences that are essential in leading a healthy lifestyle. In order for us to sustain interest outside of education we must develop an effective connection between the education environment and the community landscape. This relies on continuing to build relationships with the Barnet Partnership for School Sport, Further Education Colleges and Middlesex University to establish and sustain opportunities that facilitate opportunities and enable sporting potential. The alignment of resource and opportunity will assist in counteracting projected pressures on public sector funding, but more crucially provide a sustained approach to delivery.

The Barnet Children and Young People Plan articulates that "children are likely to find it easier to access support outside of the home, when they live in cohesive neighbourhoods with formal facilities that encourage participation and achievement." In light of this statement, it is vitally important to recognise the role of the VSC (sports clubs inclusive) and the significant contribution they make to sports development in Barnet, often providing low cost, or free to the point of delivery services for young people.

The growth of the number of children and young people in the borough, combined with benefit cuts will place significant pressure on the demand for services from children's social care and specialist resources (notably health). Recognising that child poverty is entrenched in specific areas of Barnet (approx. 16% of children under 5 live in the 30% most deprived local super output areas), effective prevention and early intervention will assist to reduce impact on children & young people, their families and referrals to children's social care and other specialist services within health and criminal justice system.

Documentation produced by Sport England validates the return on investment in sports programmes for 'at-risk' youth is estimated at £7.35 of social benefit for every £1 spent – delivering financial savings to police, the criminal justice system and the community. Understanding the future role of sport in this environment and its potential to strengthen social networks and community identity is vital.

Over the past 5 years Barnet has seen investment via Sport England funding streams to support young people aged 11 – 25 to access sport and physical activity opportunities. London Borough of Barnet has also continued its commitment to support young residents to represent the borough at the annual London Youth Games competition.

Recognising the number of influences on children and young people's lives, in relation to lifestyle choices and variety of services accessed, there is a requirement to ensure that the model for delivery and pathways for progression are clearly established. This includes the requirement for a locality based approach to delivery that addresses a number of community and social needs, incorporating a life course approach that considers family and intergenerational engagement. It is also fundamental that children and young people are engaged and involved in the design, planning and review of services and commissioning processes.

- 1060 young people aged 14 – 25 supported to participate in sport via Sportivate since 2011
- Over 1000 young people aged 14 – 25 supported to participate in sport via the SHAPE programme (2014 – 2017) and over 30 young people supported with an accredited sports qualification.
- 15 Satellite Clubs established in Barnet engaging young people in sport and physical activity
- Delivery of three StreetGames Doorstep Sports Clubs
- Over 300 young people represented Barnet at the 2016 London Youth Games, across 21 sports.

A Fit & Active Barnet Partnership will:

- Support schools via the Barnet Partnership for School Sport to improve provision in implementing the 'PE and Sports Premium and the School Games to create healthier habits, inclusiveness and a talent pathway.

- Promote the vibrant and varied offer available to children and young people to increase physical literacy in early years, school and home settings.

- Develop partnerships with services accessed by children and young people, and families e.g. children's centres and schools to promote physical activity and supported interventions.

- Provide a sustainable pathway for the SHAPE (Sport England, Community Sport and Health Activation) project in Burnt Oak and Colindale.

- Adopt a multi-agency and insight led approach, to ensure new and existing commissions are centred around the needs of young people that address wider social and community outcomes and enable links between schools, community clubs and facilities to aid sustainability and continued participation or development pathways.

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Adults & Health

Barnet's Health and Wellbeing Strategy outlines the ambition to make Barnet 'a place in which all people can age well'. The Borough will experience London's largest increase in elderly residents 65+yrs over the next five years, rising currently from 52,000 to 59,800 by 2020. Additional insight also presents an estimated 23,500 residents of this age living with a lifelong limiting illness, a total also set to increase by 20% in five years.

At a time of key challenge, with rising demands, increased expectation and financial pressures facing both the Local Authority and the NHS, the role of physical activity in achieving prevention and early intervention is critical**.** Physical activity has the ability to support demand management and reduce pressure on our clinical services.

As more young people with complex needs survive into adulthood, there is a national and local drive to support to help individuals live as independent as possible within the community. Subsequently this places significant pressure on ensuring that appropriate support services are available to meet requirements.

The effect on GP services and the Clinical Commissioning Group (whereby 8.2% expenditure is attributed to mental health) will continue to escalate. Sport and physical activity is a powerful mechanism with a range of case studies that demonstrate the ability to positively impact healthcare.

According to national projections, the most common health conditions within Barnet are mental health disorders (in 2015 it was predicted that 56,333 people aged 18 – 64 have a mental health condition). Adults with a severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of unemployment, social isolation and poorer physical health, all of which create a demand on other services. We know that one in four people will need treatment for mental illness at some point in their lifetime and the majority of these treatments will exist from primary care.

Feelings of social isolation and loneliness can be detrimental to a person's health and welling. Anyone can experience social isolation and loneliness, however it is more commonly considered and prevalent in later life and those who are most vulnerable e.g. individuals with a physical and/or mental health condition.

It is well documented that there are a number of factors that can have a significant impact on whether or not a person becomes socially isolated. To address this growing issue, there is a represented need for effective, targeted and locally based provision. There is also a requirement to work in collaboration with key agencies and residents themselves to understand barriers and how these are addressed, making sport and physical activity an attractive choice for everyone (inclusive of volunteering).

The Care Act 2014 represents the most significant reform of care and support in more than 60 years. It is expected to drive increased demand for adult social care and support over the intensified levels of demand from demographic pressures. The Care Act called for care to be focused on the individual, their needs and their wellbeing, including increasing the importance of individuals choosing where they buy their care from. With the introduction of Self Directed Support and Direct Payments individuals are given more choice and control over the services that they receive, presenting another opportunity for sport and physical activity to position itself as an attractive choice.

In 2011 approximately 32,000 carers were registered in Barnet, with approximately 12,746 aged 25 – 49 years. On average 5.2% of carers reported having poor health (2011 Census). There is therefore a requirement to enable carers to continue their caring role without adversely affecting their own health and well-being. Access to sport and physical activity opportunities can provide the means to this.

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CASE STUDY: SUPPORTING CARERS & THOSE IN CARE

In 2011 there were 32,256 residents that classified themselves as a Carer in Barnet. Recognising that on average carers are more likely to report having poor health, working in partnership with Better (Barnet's leisure operator) and Barnet Carers Centre, registered carers and children in care are able to access a free Barnet Leisure Pass. This pass gives eligible individuals access to free swimming and concessionary discounts on a range of activities.

"The Carers' Centre helped me to receive a pass for free swimming. It has been invaluable. The pass has felt like care for me and, because of the gift of care, I have been determined to make good use of it. Going swimming has been positive for me mentally and emotionally as well as physically; I unwind, recharge and re-energise. A BIG THANK YOU!" Barnet Leisure Pass recipient.

Barnet has a higher population of people with dementia (estimated over 4,000) than many London boroughs and by 2021 the number of people living with dementia in the borough is expected to increase by 24% compared to the London wide figure of 19%. Physical activity can have a significant impact on the health and wellbeing of people with dementia, at all stages of the condition. Recognising the importance of staying active for people with dementia, it is vitally important that services and facilities meet the needs of service users and are 'Dementia Friendly'.

Recognising the benefits of sport and physical activity on health and well-being, we need to position the borough's offer to ensure that it is an attractive option to both individuals and professionals e.g. brokers. We do however need a level of confidence that new and existing opportunities are of a high quality and meet the needs of the service users, providing a good user experience and subsequently creating a sustained active habit. This approach also applies to ensuring that opportunities are deemed 'inclusive' do encompass the true meaning of this.

A Barnet Disability Sports Network has been established which is a multi-agency approach to improve the disability and inclusive sporting landscape across the borough (inclusive of mental health). Partner representation includes London Borough of Barnet, London Sport (formally Interactive), Inclusion Barnet, GLL, Middlesex University and Saracens Sport Foundation. Currently in its infancy, the vision is for the network to grow with a greater partner representation which will report in to the Fit & Active Partnership Board.

DISABILITY & INCLUSION SPORT

Into Sport is a Sport England funded, multi-faceted inclusive sports project that spans North and South London and involves a consortium of 7 organisations - Inclusion London, London Sport (formerly Interactive) and 5 DDPOs, with Inclusion Barnet as the sole North London representative. Now entering the third and final year of delivery one of the strands of the project is to explore barriers to the accessibility of mainstream sports venues, facilities and attitudes and indeed raises pertinent questions about whether disability sport can in fact be mainstreamed - as illustrated by the acute delineation between the Olympics and ParaOlympics.

Barnet joined in year two of the project, and have succeeded in recruiting 51 participants (target 50) and achieved 182% of our target outputs to date in terms of participants engaging either sporadically or regularly in sport and physical activity.

A typical previously inactive participant has described the improvement in his wellbeing as being 'physical and mental, as well as social, spiritual and emotional' as he feels that 'I am doing something that is good for me' - he now pays more attention to how much he exercises and what his physical strength and fitness allow.

The role of the Barnet Disability Sport Network will be to support the sustainability and diversification of the Into Sport programme in Barnet.

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A Fit & Active Barnet Partnership will:

- Work in collaboration to influence sustainable programming that achieves prevention and early intervention, prohibiting the onset of/alleviating the onset of long term health conditions and social isolation.
- Create an approach to ensure pathways for physical activity and sport are optimised through formal referral by health and social care professionals and self-referrals (e.g. GP surgeries and Healthy Living Pharmacies).
- Work in partnership with Health Champions, brokers and organisations to promote borough wide opportunities so they become an 'attractive choice' for service users.
- Work in partnership to consolidate Health Walk provision across the borough to achieve a coherent and effective offer.
- Work collaboratively with partners and service users to ensure priority groups are at the heart of delivery and design.
- Encourage alignment with best practice tools, programmes and guidance e.g. Dementia Friends and London Sport's Club ID to ensure opportunities and facilities are high quality and truly meet the needs and expectations of service users.
- Develop and fully integrate the Barnet Disability Sport Network to collaboratively enhance the disability and inclusive provision within the borough and promote equality.

Working Together

The development of this strategy has characterised a future which will strategically enhance sport and physical activity in Barnet, through a focused set of priorities that require an emphasis on working holistically. Areas highlighted within this strategy have been identified through optimum use of local insight and intelligence to inform and guide interventions and resources. A key part of driving future success is the implementation of the 'Fit & Active Barnet Partnership Board'. The role of this Board will be to assume a strategic a role to assist in supporting mutually beneficial outcomes specified within this strategy, supported through respective sub network groups e.g. the Barnet Disability Sports Network.

Some of the challenges inherent in this document and our vision to address will require a long term approach. Tackling inactivity and our ability to ***create a more active and healthy borough*** will require a coalition of partners and stakeholders, some of whom may not have worked together before. There is also a requirement for a level of flexibility recognising the ever diversifying landscape in which we operate.

It is intended that the Fit & Active Barnet Partnership Board will comprise of partners and stakeholders involved in strategy, policy and development matters related to Barnet;

- Sports sector including; London Sport, National Governing Bodies of Sport, clubs and other delivery partners
- Education Sector including HE & FE
- VCS and organisations

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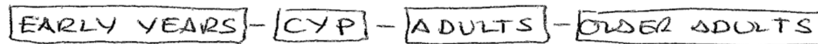
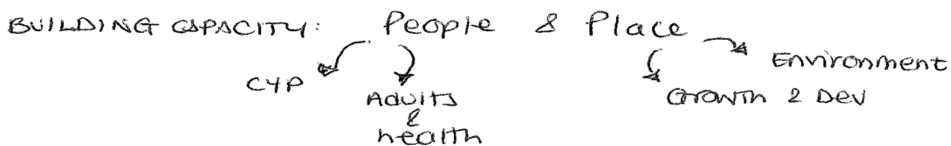
GUIDED BY: BARNET SPA STRATEGY 2016 - 2021





MEASURED BY: % ↑ %

IMPROVEMENT IN HEALTH OUTCOMES ACCROSS BOROUGH
PHYSICAL - MENTAL - INDIVIDUAL - SOCIAL

Members of the Fit & Active Barnet Partnership Board will support the facilitation and delivery of sport and physical activity in Barnet. This will include a robust process, working in collaboration to evaluate the use of available funds (external or other as determined) to deliver a comprehensive and integrated offer to maximise participation.

Our engagement and future relationship with National Governing Bodies (of Sport) will be defined through clear alignment to our strategic outcomes focused on;

- A sport that provides a measurable growth in participation.
- Establishment of an opportunity to enhance facility infrastructure within the borough.
- Further enhancement of club sector and supporting provision of services.
- The sport is accessible and amenable to all Barnet residents.

A Fit & Active Barnet Partnership will:

- Cultivate mutually beneficial partnerships that connect and align services to deliver a more cost effective and accessible physical activity pathway, which address wider society outcomes.
- Encourage the use of open data across the Partnership to better understand participation and inform meeting current and future demand.
- Work across the Partnership to implement a model to effectively evaluate targeted activities, in particular, levels of take-up and retention through the use of new technologies.
- Encourage the use of tools that assist with development and quality assurance i.e. ClubMatters and the Sport England Return on Investment toolkit.
- Work across the Partnership, where feasible, to explore the initiation of a shared Fit & Active Barnet funding pot to commission and support activity through aligned priorities.
- Work across the Partnership to effectively promote the vibrant and varied sports and physical activity offer across the borough.

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Performance Measures & Monitoring Progress

Recognising the importance of partnership working and to foster a collaborative approach, an early role of the Fit & Active Barnet Partnership Board is to determine what success looks like and how the outcomes, priorities and actions within this framework are measured at a local level to demonstrate greatest impact.

Nationally, Sport England will continue to measure participation in sport and physical activity. Previously this was measured via the Active People Survey, an annual survey that measured the percentage of the adult population participating in 30 minutes of moderate intensity sport. To align with their new strategy 'Towards an Active Nation', Sport England has adopted a new methodology, 'Active Lives Survey', to measure annual participation in sport. The exact measures of this refreshed methodology are currently being agreed, however at a headline level it is thought the key performance indictors will be;

- Decrease in percentage of people physically inactive.
- Increase in the number of people volunteering in sport at least twice in the last year
- The demographics of volunteers in sport to become more representative of society as a whole
- Number of people who have attended a live sporting event more than once in the past year

Measurement of these indicators is in response to Government's 'Sporting Future; A New Strategy for an Active Nation' (2015). There is also an opportunity to understand other KPI's identified within this strategy including (collected via alternative means);

- Increase in percentage of the population taking part in sport and physical activity at least twice in the last month
- Increase in the percentage of adults utilising outdoor space for exercise/ health reasons
- Increase in the percentage of children achieving physical literacy standards
- Increase in the percentage of children achieving swimming proficiency and Bikeability Levels 1-3
- Increase in the percentage of young people (11-18) with a positive attitude towards sport and being
- Employment in the sport sector
- Percentage of publically owned facilities with under-utilised capacity
- Increase in the number of publically funded bodies that meet the new UK Sports Governance Code

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References / Further Reading List

- Department for Culture Media and Sport, Sporting Future; A New Strategy for an Active Nation (2015).
- Department of Health. Start Active, Stay Active; a report on physical activity from the four Home Counties (2011).
- London Borough of Barnet Corporate Plan (2015-2020)
- London Borough of Barnet Entrepreneurial Strategy (2015-20)
- London Borough of Barnet Joint Strategic Needs Assessment (2015- 2020)
- London Borough of Barnet Local Plan – Core Strategy DPD (2012)
- London Plan - https://www.london.gov.uk/what-we-do/planning/london-plan
- Public Health England, Everybody Active, Every Day – An evidence based approach to physical activity (2014).
- Sport England; Active Design Principles - https://www.sportengland.org/facilities-planning/planning-for-sport/planning-tools-and-guidance/active-design/
- Sport England Strategy; Towards an Active Nation (2016-2021)

Officer Contact:

Cassie Bridger, Strategic Lead: Sport & Physical Activity

Courtney Warden, Commissioning Lead: Sport & Physical Activity

Email: sport@barnet.gov.uk

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AGENDA ITEM 10

	Adults and Safeguarding Committee **19 September 2016**
Title	**Retirement and sheltered housing – response to the Member's Item raised by Cllr Ross Houston**
Report of	Commissioning Director, Adults and Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A - Member's Item – Cllr Ross Houston - Retirement and sheltered housing - Policy and Resources committee - 28 June 2016
Officer Contact Details	James Mass – Assistant Director, Community & Wellbeing Tel: 0208 359 4610. Email: james.mass@barnet.gov.uk

Summary

A Member's Item from Cllr Ross Houston was received by the Policy and Resources Committee on 28 June 2016 on Retirement and Sheltered Housing. This Committee resolved to request Adults and Safeguarding Committee to consider a short report on these matters. This report sets out a briefing note on the issues raised within the Member's Item.

Recommendations

1. **That the Adults and Safeguarding Committee notes the report.**

1. WHY THIS REPORT IS NEEDED

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

On 1 June 2016 the ARHM (Association of Retirement Home Managers) code received government approval and came into force in order to protect those living in Retirement homes.

While there are existing checks of Care Homes by among others, the Care Quality Commission, measured against national care standards such as:

- *a written agreement in a format you can understand that outlines your occupancy rights and the terms and conditions of your residence*
- *be treated with dignity and respect at all times*
- *have your privacy and property respected (for example, to have a lock on your bedroom door and for staff to knock and wait for permission to enter)*
- *make informed choices about your life in the care home, how you spend your time and how you receive support*
- *feel safe, secure and free from bullying, harassment and discrimination*
- *make complaints without worrying about the consequences*

These rights are often denied to residents in retirement properties where checks are not carried out, and elderly, vulnerable residents are often too timid to speak out fearing the consequences. There are also issues of the Health and Safety, provision of emergency support, management of finances, breaches of Age Discrimination and Data Protection, etc.

The ARHM (Association of Retirement Home Managers) Code of Practice for England, which was approved by the Government under the Leasehold, Housing and Urban Development Act 1993, aims to promote best practice in the management of leasehold retirement housing, regardless of whether the services are provided by private companies or housing associations. It not only sets out the statutory obligations that apply to the management of leasehold properties, but also sets out additional requirements which should be followed as a matter of good practice. The Code has just been updated and offers parameters against which the standard of retirement homes can be measured.'

2. REASONS FOR RECOMMENDATIONS

The Care Quality Commission's role as inspector & regulator of registered provision

2.1 The Care Quality Commission (CQC) is the national body responsible for the regulation of all services providing 'regulated activities' as listed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Examples of regulated activities include the provision of personal care

and accommodation for persons who require nursing or personal care. The CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and then publish comprehensive reports with a performance rating against each key area and an overall rating for the service.

2.2 Providers who deliver regulated activities include care homes, domiciliary care providers and some providers of supported living if they provide personal care. Services that provide accommodation without any element of regulated activity, such as retirement homes or sheltered housing are not regulated by CQC, though other providers may deliver regulated activity within the residence.

2.3 When the council purchases care and support services for vulnerable people, it will agree a contract with the provider of the service. This confers rights and obligations onto the council enabling it to monitor the service being provided and hold the provider to account.

2.4 As the council does not purchase retirement or sheltered accommodations we have no right of entry or powers to oversee, inspect or intervene unless safeguarding concerns are raised with respect to an individual resident.

Duties under the Care Act 2014

2.5 The Care Act 2014 introduces duties on local authorities to facilitate a vibrant, diverse and sustainable market for high quality care and support in their area. It also places a temporary duty on local authorities, to meet the care and support needs of an adult and the support needs of a carer when a registered care provider becomes unable to carry on a regulated activity, establishment or agency because of business failure. Where services are interrupted, there are quality failings with a provider or there is a risk of an emergency closure but business failure is not the cause, the council may also exercise its discretionary power to meet needs.

2.6 These duties, discretionary and otherwise, all relate to services providing care and support and do not extend to retirement schemes. Where a vulnerable person is suspected to be at risk, action would be taken to mitigate this risk and make the individual safe, no matter the nature of the accommodation. However the council has no power or duties allowing it to proactively monitor providers at a scheme-wide level, unless investigating risks posed to a specific individual or individuals, as a result of information received.

2.7 Apart from the cost and practical difficulties that would be associated with monitoring services provided by private sector providers of retirement housing, the council does not have any powers to regulate or enforce standards in the leasehold retirement home sector.

Association of Retirement Housing Managers

2.8 The Association of Retirement Housing Managers is a trade body for providers of retirement housing in the private and housing association sectors. The ARHM code promotes good practice in the management of leasehold retirement homes, and has been in existing for many years; an updated version was produced recently and approved by the Government in June 2016. The code sets out the standards residents of leasehold retirement homes should expect, including in relation to fees, service charges, consultation, repairs and care and support. The code can be used by residents as evidence in court or a leasehold tribunal.

2.9 Membership of the ARHM is not obligatory, although as explained above, the code does set out the standards which providers would be expected to adhere to by a court or a tribunal. Housing Association providers are also regulated by the Homes and Communities Agency, and complaints about their services can be referred to the Housing Ombudsman. Housing related health and safety issues can be referred to the council's Private Sector Housing Team, although as a leaseholder will generally share some of the responsibility for resolving issues, the team tend to provide advice rather than taking formal action. The council will become involved in safeguarding issues where these are reported.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4 POST DECISION IMPLEMENTATION

4.1 N/A

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 N/A

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

5.2.1 N/A

5.3 Social Value

5.3.1 N/A

5.4 Legal and Constitutional References

5.4.1 The council's Constitution, in Part 15 Annex A, Responsibility for Functions, states the functions of the Adults and Safeguarding Committee, including:

- promoting the best possible Adult Social Care services
- to ensure that the council's safeguarding responsibilities are taken into account.

5.4.2 The Committee's terms of reference include: To consider for approval any non-statutory plan or strategy within the remit of the Committee that is not reserved to Full Council or Policy and Resources.

5.4.3 As is set out in the body of the report, the ARHM code received Government approval in June 2016 and sets out the statutory obligations that apply to the management of leasehold properties, and the additional requirements which should be followed as a matter of good practice.

5.5 Risk Management

5.5.1 The council has an established approach to risk management. Key corporate risks are assessed regularly and reported to Performance and Contract Management Committee on a quarterly basis.

5.6 Equalities and Diversity

5.6.1 Members' 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 N/A

6 BACKGROUND PAPERS

6.1 Member's Item – Cllr Ross Houston - Retirement and sheltered housing; Policy & Resources Committee; 28 June 2016

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	Policy and Resources committee **28 June 2016**
Title	**Member's Item – Cllr Ross Houston Retirement and sheltered housing**
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Kirstin Lambert kirstin.lambert@barnet.gov.uk 02083592177

Summary

The report informs the Policy and Resources Committee of a Member's Item and requests instructions from the Committee.

Recommendations

1. **That the Policy and Resources Committee's instructions in relation to this Member's item are requested.**

1. WHY THIS REPORT IS NEEDED

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

'Recommendation: To identify, inspect and monitor retirement/sheltered housing in Barnet both in the private and public sector and to produce a report that will provide clarification around the level of service residents or potential residents can expect to receive and to ensure their safeguarding and measure it against new legislation.

On 1 June 2016 the ARHM (Association of Retirement Home Managers) code received government approval and came into force in order to protect those living in Retirement homes.

While there are existing checks of Care Homes by among others, the Care Quality Commission, measured against national care standards such as:

- *a written agreement in a format you can understand that outlines your occupancy rights and the terms and conditions of your residence*
- *be treated with dignity and respect at all times*
- *have your privacy and property respected (for example, to have a lock on your bedroom door and for staff to knock and wait for permission to enter)*
- *make informed choices about your life in the care home, how you spend your time and how you receive support*
- *feel safe, secure and free from bullying, harassment and discrimination*
- *make complaints without worrying about the consequences*

these rights are often denied to residents in retirement properties where checks are not carried out, and elderly, vulnerable residents are often too timid to speak out fearing the consequences. There are also issues of the Health and Safety, provision of emergency support, management of finances, breaches of Age Discrimination and Data Protection, etc.

The ARHM (Association of Retirement Home Managers) Code of Practice for England, which was approved by the Government under the Leasehold, Housing and Urban Development Act 1993, aims to promote best practice in the management of leasehold retirement housing, regardless of whether the services are provided by private companies or housing associations. It not only sets out the statutory obligations that apply to the management of leasehold properties, but also sets out additional requirements which should be followed as a matter of good practice. The Code has just been updated and offers parameters against which the standard of retirement homes can be measured.'

2. REASONS FOR RECOMMENDATIONS

2.1 The Committee are therefore requested to give consideration and provide instruction.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

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

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

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

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

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

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

5.3.2 The Council's Constitution, Responsibility for Functions (Annex A) states that 'If any report comes within the remit of more than one committee, to avoid the report being discussed at several committees, the report will be presented and determined at the most appropriate committee. If this is not clear, then the report will be discussed and determined by the Policy and Resources Committee. As this report falls under the remit of two committees' terms of reference (Adults and Safeguarding Committee and Housing Committee) it is appropriate it be considered by Policy and Resources Committee.

5.3.3 Officers considered which committee would be the appropriate committee to consider this Members Item. It is noted that the matters raised concerning consideration of care homes operated by LBB, the existence of a written agreement including occupancy rights and conditions of residence fall under the terms of reference of the Housing Committee which has responsibility for 'All matters related to Private Sector Housing..' and 'Housing licensing and housing enforcement'. The consideration of the level of care provided both by LBB units and those in private ownership fall under the terms of reference of the Adults and Safeguarding Committee which has responsibility for 'promoting the best possible adult social care'. On balance it is considered that the matters in the Members Item fall under the remit of both the

committees, potentially in equal measure, and it is therefore considered appropriate that this report is considered by the Policy and Resources Committee.

5.4 **Risk Management**

5.4.1 None in the context of this report.

5.5 **Equalities and Diversity**

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

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

Adults and Safeguarding Committee

19 September 2016

UNITAS EFFICIT MINISTERIUM

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

Summary

The Committee is requested to consider and comment on the items included in the 2016/17 work programme

Recommendations

1. **That the Committee consider and comment on the items included in the 2016/17 work programme**

1. WHY THIS REPORT IS NEEDED

1.1 The Adults and 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 approach allows the Committee to respond to Adults and Safeguarding related matters of interest in the Borough.

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 2015-20.

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 Committee is included in the Constitution, Responsibility for Functions, Annex A.

5.5 Risk Management

5.5.1 None in the context of this report.

5.6 Equalities and Diversity

5.6.1 None in the context of this report.

5.7 Consultation and Engagement

5.8 Insight

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

London Borough of Barnet Adults and Safeguarding Committee Forward Work Programme - Updated Version for September 2016

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

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
19 September 2016			
Barnet Sport & Physical Activity Strategy	Committee to receive and approve Barnet SPA Strategy 2016-2021.		**Non-key**
Member's Item - Cllr Ross Houston - Retirement and Sheltered Housing	Committee to consider the referred Member's item referred from from Policy and Resources Committee 28 June 2016.	Commissioning Director (Adults and Health)	**Non-key**
Revised Business Case on Adult Social Care Alternative Delivery Vehicle and Implementation of the New Operating Model	Committee to receive a report on Adult Social Care Alternative Delivery Model project Outline Business Case.	Commissioning Directior 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.		**Non-key**
10 November 2016			

Title of Report	**Overview of decision**	**Report Of** *(officer)*	**Issue Type (Non key/Key/Urgent)**
Annual Fees and Charges	Committee to receive a report on annual fees and charges.	Director of Resources (Deputy Section 151 Officer)	**Key**
Your Choice Barnet: Consultation Findings		Commissioning Directior Adults and Health	**Non-key**
Business Planning			**Key**
23 January 2017			
Adults and Safeguarding Performance Report	That the Committee note the progress made in 2016/17 and agree to use the information provided to help in future decision making.	Commissioning Directior Adults and Health	**Non-key**
6 March 2017 Items to be Allocated			
Commissioning Strategy for Supported Living	Committee to receive a commissioning strategy for supported living.	Commissioning Director (Adults and Health)	**Key**