

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

MONDAY 4TH JUNE, 2018

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG

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

Chairman: Cllr Sachin Rajput

Vice Chairman: Cllr David Longstaff

Councillors

Roberto Weeden-Sanz

Jess Brayne

Paul Edwards

Caroline Stock

Reema Patel

Golnar Bokaei

Jo Cooper

Helene Richman

Substitute Members

Brian Gordon

Anne Hutton

Claire Farrier

Anthony Finn

Daniel Thomas

Gill Sargeant

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

Andrew Charlwood – Head of Governance

Governance Service contact: Anita Vukomanovic: anita.vukomanovic@barnet.gov.uk 0208 359 7034

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 8
2.	Absence of Members	
3.	Declarations of Members Disclosable Pecuniary Interests and Non-Pecuniary Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Members' Items (if any)	
6.	Public Questions and Comments (if any)	
7.	Personal Assistants Service Update	9 - 14
8.	Quarterly Performance Report End of Year 2017/18	15 - 36
9.	Progress Report - Adults Multi Agency Safeguarding Hub (MASH)	37 - 44
10.	Committee Forward Work Programme	45 - 46
11.	Any other items that the Chairman decides are urgent	

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Decisions of the Adults and Safeguarding Committee

22 January 2018

Members Present:-

AGENDA ITEM 1

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

Councillor Paul Edwards
Councillor Alison Moore
Councillor Claire Farrier
Councillor Helena Hart

Councillor David Longstaff
Councillor Reuben Thompstone
Councillor Brayne

1. MINUTES

RESOLVED that the minutes of the meeting dated 6 November 2017 were agreed as a correct record.

2. ABSENCE OF MEMBERS

None.

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

None.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

6. MEMBERS' ITEMS (IF ANY)

None.

7. DRAFT CORPORATE PLAN 2018/19 ADDENDUM

The Chairman introduced the report, which set out the draft Corporate Plan 2018/19 addendum and the relevant appendix for the Adults and Safeguarding Committee.

A Member referred to the indicator, SP1, *"Percentage of the population taking part in sport and physical activity at least twice in the last month (as defined by Active Lives"* and questioned the rationale behind the figure, twice a month. The Strategic Director For Adults, Communities and Health, Ms. Dawn Wakeling, informed the Committee that this was a Sport England measure, and undertook to provide the Committee with further information on this data.

Following the consideration of the report, the Chairman moved to the vote on the recommendation as set out in the report. Votes were recorded as follows:

For	5
Against	0
Abstentions	4

RESOLVED that the Committee review the draft Corporate Plan 2018/19 addendum, including the *key activities* and *targets* for the Adults and Safeguarding Committee, and recommend any changes prior to approval of the Corporate Plan 2018/19 addendum by Policy and Resources Committee on 13 February 2018.

8. EXTENSION OF EXTRA CARE CONTRACT FOR PROVISION OF CARE AND SUPPORT

The Chairman introduced the report, which sought approval for an Extension of the extra care contract for provision of care and support.

Councillor Jess Brayne MOVED the following motion which was SECONDED by Councillor Reuben Thompstone:

Subject to the agreement of Recommendation 1, to seek benchmarking information at the two year mark from 11 June (before the expiry of the three year period) to determine whether to seek a further 2 year extension.

Votes were recorded as follows:

For	9
Against	0
Abstentions	0

The motion was CARRIED and became the substantive motion.

The Chairman MOVED to the vote on Recommendation 1 and the substantive motion. The Committee unanimously RESOLVED:

- 1. That the Committee agree to extend the contract with the Sanctuary Group to residents of Goodwin Court, (extra care housing scheme), for the provision of care and support service from 1 June 2018 for the period of three years (with an optional extension of two years), in accordance with the conditions of the land transfer, capital funding agreement, and the Nominations Agreement.**
- 2. That subject to the agreement of Recommendation 1, to seek benchmarking information at the two year mark from 11 June (before the expiry of the three year period) to determine whether to seek a further 2 year extension.**

9. BARNET MULTI-AGENCY ADULT SAFEGUARDING HUB DEVELOPMENT PAPER

The Chairman introduced the report, which provided detail on the progress of plans for the development of a Multi-Agency Safeguarding Hub for Adults (MASH) in Barnet.

Responding to questions from the Committee Ms. Wakeling suggested that the Committee receive a further report at either their March 2018 or June 2018 meeting depending on if there was an update on NHS Funding by the March Committee date. Ms. Wakeling suggested that if there was not an update by March, the Committee receive a report at their June 2018 meeting. The Committee agreed to this.

A Member commented that a briefing session to understand the interface with the MASH would be very helpful.

Following the consideration of the report, the Chairman moved to the vote. It was unanimously agreed that:

- 1. That the Adults and Safeguarding Committee agrees to further development to establish an Adults MASH as set out within the report.**
- 2. That the Adults and Safeguarding Committee agrees that the Strategic Director for Adults, Communities and Health should continue to seek support and investment from partners including Barnet CCG, Central London Community Health NHS Trust and Barnet, Enfield and Haringey Mental Health Trust in the development of the Adults MASH.**

10. COMMITTEE FORWARD WORK PROGRAMME

When considering the Forward Work Programme as set out in the report, the Chairman noted that other than the possible update on the establishment of a MASH for Adults, there was currently no business scheduled for the Committee's next meeting, on 5 March 2018.

The Chairman noted that if a MASH report is available, or there are any other urgent items of business that need to be considered at the March meeting, then the meeting will go ahead. If not, the Chairman suggested that the Committee could consider cancelling the meeting, but that he would only consider doing so if there were no urgent items of business scheduled.

RESOLVED that the Committee note the Forward Work Programme.

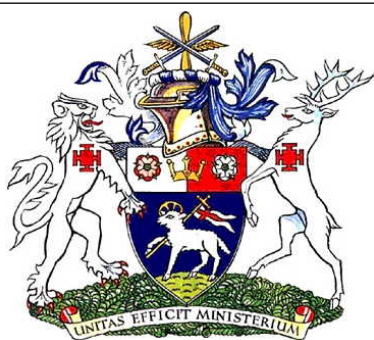
11. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 7:41 pm

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AGENDA ITEM 7



Adults and Safeguarding Committee

4 June 2018

Title	Personal Assistants Service Update
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Sam Raffell, Head of Care Quality, 020 8359 5714 Sam.raffell@barnet.gov.uk

Summary

This paper provides an update to members of the Adults and Safeguarding Committee on the Personal Assistant (PA) service delivered by Your Choice Barnet (YCB). Since commencement, the PA service has supported 89 clients with 56 currently active. There has been very positive service user feedback regarding the service and council adult social care practitioners who have supported clients to access the service have spoken very highly of the YCB team and the outcomes they are able to achieve.

Personal assistant service models involve PAs transferring to the direct employment of the direct payment service user but this has not happened in practice. For most this is because taking on an employer relationship would not be practical but there is also a lack of incentive to take this on. However, the service is still 11% cheaper than traditional home care. At current volumes that results in an annual saving of £44k.

This service is purchased directly by individuals using a direct payment. Due to the success of the PA service the council will continue to maximise referrals from direct payment clients to the service.

Officers Recommendations

1. That the Adults and Safeguarding Committee notes the performance of the Personal Assistants Service and the continued work to maximise referrals to the service from direct payment service users.

1. WHY THIS REPORT IS NEEDED

- 1.1 To provide Adults and Safeguarding Committee with an update on the performance of the Personal Assistants service

2. REASONS FOR RECOMMENDATIONS

- 2.1 This report provides an update on the performance of the Personal Assistant Service developed by the council in collaboration with Your Choice Barnet to improve choice and quality of services and provide greater value for money.
- 2.2 The London Borough of Barnet procured a partner organisation to develop a Personal Assistants (PA) Service. The service was commissioned to increase the number and usage of PAs across the borough. The commissioning intention behind the PA service was to enhance the strength based adult social care model, supporting people to live as independently as possible.
- 2.3 Following a procurement exercise the contract was awarded to The Barnet Group in September 2016 for a term of 2 years. The intention was to develop the service during this period so that it could be purchased directly by people with direct payments or those funding their own care at the end of the 2 year development period. From September 2018, this service will no longer be commissioned by the council but will continue to deliver services to direct payment recipients and private individuals. Due to the success of the PA service the council will continue to maximise referrals from Direct Payment service users to the service.

Performance

- 2.4 The service has supported 89 clients so far, with 56 current clients. The type of clients using the service are a fairly even mix of older people, people with physical disabilities and people with mental health issues. The service has recruited 67 personal assistants.
- 2.5 The tables below detail more information about the service performance

Referrals/Services

No of referrals received in last 3 months	8
No. of active services	56
No. of private services	13
No. of direct payment services	43

Client group

Older people	15
Physical disabilities	17
Learning disabilities	21
Mental Health	3

Matches

No. of referrals matched / started	88
No. of referrals not matched / not started	6

In addition, 32 service users (222.75hrs) have been matched but then ceased their service since contract commencement. This has been for various reasons including change in circumstances, hospital admission or death.

Hours Delivered

Planned hours per week	567.25
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Service Feedback

2.6 The service does provide a high quality, cost effective service that meets individuals' needs and delivers positive outcomes. It has enabled and empowered individuals to maintain their independence and remain in their own homes for longer. Some further feedback below;

2.7 Feedback from practitioners includes:

'Just thought I'd send a message saying A and I met with L and it went well. A was so lovely with L and I think that she will do so well. Already L and A were doing a spot of cleaning. I'm so pleased.'

'A has worked wonders working with him to build his trust. She supports him to be independent and to grow in confidence and subtly teaches him new skills. She adapts her services to what he needs when he needs it.'

2.8 Feedback from a service user:

'Just wanted to say thank you for sending me all the BEST PAs. My PAs are soo cool, I actually feel like a Princess. I'm so blessed and grateful. All my PAs are the kindest, most helpful and really amazing people. They work exceptionally hard and always go the extra mile for me. I love my team.'

2.9 Feedback from Family Members

'I am totally made up with the support M is getting from both J and L, he was not happy about having any support but now he really looks forward to them coming and has built really good relationships with both of them'

Financial Savings

2.10 The table below demonstrates the current savings compared to commissioned home care services. It also details the potential for further savings if more individuals took on direct employment of the PA service (more information in point 2.11 to 2.13)

	Rate	Weekly cost	Annual cost	Weekly saving	Annual saving	% saving
Council commissioned homecare	£16.47	£7,856.19	£408,521.88			
PA Choices	£14.70	£7,011.90	£364,618.80	£844.29	£43,903.08	11%
Direct Employment	£12.02	£5,733.54	£298,144.08	£2,122.65	£110,377.80	27%

Challenges

2.11 YCB reports that although they have discussed with, and encouraged, service users to transfer to employing their PA directly, it has proven unsuccessful. YCB are continuing to try to work with new service users who might be interested in employing the PA directly, however transfers to direct employment have not taken place to date.

2.12 Although some users of PA services across the country have taken on direct employment of their PAs, it is worth noting that overall numbers are small compared to people buying services through direct payments. It was anticipated that an introductory period prior to direct employment would support the individual to develop their ability and confidence to manage the employer relationship successfully. However, current evidence suggests that instead people value the peace of mind and flexibility that the YCB managed service offers. The service will continue to work with service users to encourage them to take on direct employment. However, this will always remain the individual's choice.

2.13 Feedback suggests that service users do not necessarily wish to take on the administrative responsibility of employment in addition to the management of a direct payment and that this acts as a disincentive. The aim of a PA service is that service users are in control of their support, hence the focus on direct employment.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 No other options were considered.

4. POST DECISION IMPLEMENTATION

4.1 Adults and Communities to continue to maximise suitable referrals to the Personal Assistants service.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Barnet Council's vision, as outlined in the Corporate Plan 2015-2020, is that Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes. The PA service will support delivery of key objectives, including;

- Enable more people to stay independent and live for longer in their own homes.
- Allow young people with complex disabilities to stay in Barnet, where they grew up, and live in their own homes, with education and training opportunities helping them to grow in independence.
- Ensure people with mental health needs receive the support in the community to help them stay well.

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

5.2.1 No additional resources are required to continue to maximise suitable referrals for the Personal Assistants service.

5.3 Social Value

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

5.4 Legal and Constitutional References

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

- To be responsible for those powers duties and functions of the Council in relation to Adult Social Care.
- Promoting the best possible Adult Social Care services.
- To ensure that the Council's safeguarding responsibilities are taken into account.

- 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.
- Authorise procurement activity within the remit of the Committee and any acceptance of variations or extensions if within budget in accordance with the responsibilities and thresholds set out in Agreement Procedure Rules.

5.5 Risk Management

5.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework.

5.6 Equalities and Diversity

5.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the council to have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those covered by the Equalities Act and those not covered e.g. between disabled and non-disabled people; and foster good relations between these groups. The protected characteristics are age, disability; gender reassignment; pregnancy and maternity; religion or belief; sex; sexual orientation.

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

5.7 Corporate Parenting

5.7.1 Not applicable

5.8 Consultation and Engagement

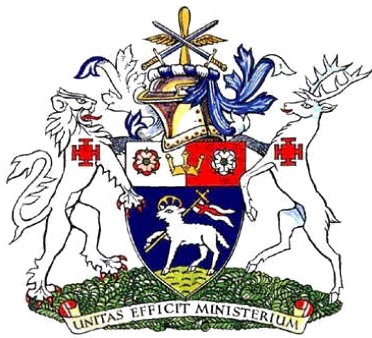
5.8.1 Your Choice Barnet have engaged with service users and families throughout the development of the PA service, taking into account feedback to develop and improve the service offered.

5.8 Insight

5.8.1 Not applicable

6. BACKGROUND PAPERS

6.1 None

	<p style="text-align: right;">AGENDA ITEM 8</p> <h2 style="text-align: center;">Adults and Safeguarding Committee</h2> <h3 style="text-align: center;">4 June 2018</h3>
Title	End of Year 2017/18 Commissioning Plan Performance Report
Report of	Councillor Rajput, Chairman
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Alaine Clarke, Head of Performance and Risk alaine.clarke@barnet.gov.uk

Summary

The report provides an **annual overview** of performance at the **End of Year (EOY) 2017/18**, including provisional budget outturns for revenue and capital (where relevant), progress on key activities, indicators that have not met the annual target, and management of high level risks for the Theme Committee in relation to the Commissioning Plan.

Recommendations

- 1. The Committee is asked to review the finance (provisional), performance and risk information in relation to the Theme Committee's Commissioning Plan.**

INTRODUCTION

- 1.1 This Commissioning Plan performance report is an extract from the End of Year (EOY) 2017/18 Performance Monitoring Report (Performance by Theme Committee). **Note that the budget outturns (where reported) are provisional and subject to change by the statutory deadline of 22 May 2018. Any changes will be notified to Committee on the night.**

PERFORMANCE BY THEME COMMITTEE (COMMISSIONING PLANS)

- 1.2 The priorities for Adults and Safeguarding Committee are to implement strength-based practice; integrate local health and social care services to prevent crises and help individuals stay well and in their own homes; diversify Barnet's accommodation offer to help more people live independently; transform day care provision to ensure that

people remain active and engaged through access to employment and volunteering; and improve the borough's leisure facilities to support and encourage active and healthy lifestyles.

Budget position (provisional)

Revenue							
Service	Original Budget £000	Revised Budget £000	Outturn £000	Variance from Revised Budget Adv/(fav) £000	Reserve Move-ments £000	Variance after Reserve Move-ments Adv/(fav) £000	Variance after Reserve Move-ments Adv/(fav) %
Adults and Communities	87,145	87,177	90,101	2,924	(1,717)	1,207	1.4

- 1.3 The revenue budget for Adults and Communities overspent by £2.924m but this has been reduced to £1.207m following the drawdown from reserves, predominantly driven by an overspend of £3m in the care placements budgets.

Adult Social Care (ASC) has experienced increasing complexity and demand for services since 2014/15. The learning disability budgets have been experiencing pressure as a result of the transforming care (Winterbourne) agenda. The outturn includes c£0.275m spend on three supported living placements where responsibility for individuals has been transferred from the NHS to local authorities but funding to cover all of the cost has not. The average weekly cost for LD Supported Living increased by 18 per cent from 2016/17.

The overspend also includes expenditure relating to backdated claims for Ordinary Residence that have been lost. This results in a one-off impact on the 2017/18 outturn of £0.479m and an ongoing budget pressure of £0.116m.

In terms of ongoing commitments, there is also significant pressure resulting from homecare, equipment and nursing care placements. The council has been working hard to support local NHS partners to cope with the pressures on the health system and reduce delayed discharges of care. The growing demand from health led to an increase of 7 per cent in commissioned homecare hours (£0.933m) compared with 2016/17. The increase in homecare activity was also compounded by an 8% average increase in contractual rates (£1.066m) as a result of inflation and changes in market conditions. This increase followed a period of suppressed inflationary increases and contributes to stabilising the care market. The weekly cost of Nursing Care in Older Adults increased by 6 per cent in 2017/18, with new clients costing £144 per week above the council's minimum sustainable price given market pressures and additional complexity of need.

Non-placements budgets underspent by £1.3m, which offsets some of the pressures against the placements budgets. The underspends in this area are from in-year vacancies, one-off savings and additional income identified.

Community equipment costs have increased by £1m predominantly on items funded by the CCG. Equipment costs capitalised via the Disabled Facilities Grant (DFG) budget (£0.483m) resulted in a £0.3m underspend. The Deprivation of Liberty Safeguards (DOLS) service continues to be a significant cost pressure (£0.145m) in

2017/18 as a result of Supreme Court judgements in 2014/15 and a loss of grant funding since 2015/16.

Capital						
Service	2017/18 Revised Budget £000	Additions/ (Deletions) £000	(Slippage)/ Accelerated Spend £000	2017/18 Outturn £000	Variance from Approved Budget Adv/(Fav) £000	Variance from Approved Budget %
Adults and Communities	2,032	272	(71)	2,233	201	9.9

1.4 The capital outturn for Adults and Communities was £201k (9.9%) overspent.

Progress on key activities

1.5 Social care services for adults have a key role to play in improving the lives of Barnet's most vulnerable residents. The council works with housing, education and health sector partners to enable people to stay independent, in control of their lives and live for longer in their own homes. A progress update on key activities has been provided below.

- **Embedding strength-based practice** – the strength-based practice model was implemented as the core practice model across all social work and occupational therapy teams in the Adults and Communities Delivery Unit. With strength-based practice embedded, the focus has been on measuring the impact and continuous improvement of the model through key indicators such as reductions in residential admissions and case studies. The service recently showcased the Barnet strength-based model at a good practice event in Hampshire and regularly responds to requests from other councils for information on the approach. As part of the strength-based model, a new mental health social work structure was introduced, which brought mental health social workers back under council line management from the NHS and expanded the enablement and recovery model based in the Network mental health enablement service. As a result, referrals to the Network increased by 30 per cent and were effectively managed with a 10 per cent reduction in staffing costs in mental health overall. Mental health delayed transfers of care reduced. More mental health users have been using telecare and peer workers (people with lived experience) have been employed by the council in the Network service.

Strength-based practice has been augmented by new service development. For example, the council developed a specialist Dementia Carers support service, which provides training, advice, support and care to enable individuals to remain in their own home and prevent carer breakdown. The service worked with 40 couples over the year, resulting in admission prevention for 39 couples and 1 admission. The strategic telecare partnership with Argenti delivered more than 1,700 new telecare installations. The council's new Supported Living Framework was launched, including new accommodation models for complex needs in mental health and learning disabilities services, such as 'Crash Pads' for short term respite. The service has brought many new providers into the borough (for example, 13 new mental health providers), increasing market capacity as well as the support options available to meet people's needs. A new employment support framework was launched in the last quarter for users with eligible social care needs. Other strength-based services commissioned in 2016/17 continued to operate, including the Shared Lives scheme and the personal assistants service.

- **Integrating local health and social care** – the council jointly leads the Care Closer to Home programme with NHS Barnet CCG. The programme aims to increase the levels of care provided through GP practices and, through this, prevent crises and admissions to hospital and delay the escalation of care needs. As part of the programme Care Closer to Home Integrated Networks (CHINs) have been introduced across the borough. These include extended hours GP appointments; groups of GP practices working together; and over time it is envisaged they will include community health services. CHINs will have links and referral routes to council services. The first CHIN (Burnt Oak) went live in February 2018, focusing on diabetes; with the second (Oakleigh and East Barnet) focusing on frailty in the elderly; and subsequent CHINs, focusing on paediatrics, due to go live in April and June 2018. Plans for full borough coverage of CHINs are being developed and will be presented to the Health and Wellbeing Board in July 2018.

Health and social care are integrated in many other ways. The council and CCG have a joint commissioning team, an integrated learning disabilities team and integrated frontline teams in mental health. Hospital social work is available in acute hospitals seven days a week. The council and CCG have a joint approach to dementia services, commissioning an integrated community dementia pathway comprising the memory assessment service, dementia advisors, the dementia hub and a network of dementia cafes. Barnet continues to achieve the national NHS dementia diagnosis target. The council works with the CCG to support people with learning disabilities and autism to move out of long-term hospital settings (under the Transforming Care Partnership, previously known as the Winterbourne View Concordat). This work was led by the integrated learning disabilities team and has been effective in moving people from long-term hospital. However, the high costs of placement for this group of people has resulted in budget pressures for the council.

- **Diversifying Barnet's ASC accommodation offer** – the council has progressed the construction of three new extra care schemes at Ansell Court, Stag House and Cheshir House, in partnership with Barnet Homes. These schemes offer residents their own flat with a secure tenancy, and care and support services on site. Ansell Court will be the first scheme to open in early 2019. It will have 53 flats suitable for couples and has been designed specifically to meet the needs of people living with dementia. It will also include communal spaces, a garden and café. Planning permission has been given for 51 flats at Stag House; and Cheshir House will be developed as part of the regeneration of the Fosters Estate in Hendon. This will bring total number of extra care units in Barnet to 325.
- **Transforming day care provision** – 13 providers were accepted onto Barnet's Approved Provider List for day opportunities and employment support for those with eligible needs in November 2017. The aim is that more services offer employment support in the borough for people with care and support needs, covering job readiness, job finding and job retention. The council has developed three new types of day opportunity provision to meet the varying requirements of people with low and medium needs and those with profound and multiple learning and physical disabilities and complex health needs, which will take a strength-based approach to developing service users' independence, social networks and employment or volunteering opportunities. The council has also developed innovative new types of intensive employment support packages, that can be purchased for individual service users and is prototyping new referral processes to test the impact and outcomes of these models. The council recommissioned Your Choice Barnet's (YCB) day services last year, with an increased focus on employment and independence. Services have been

transformed, working in partnership with service users and families. More service users now access community based activities. The employment support pathway has supported 29 people, of which 13 have entered employment, four are volunteering and 13 are receiving ongoing support to find employment.

- **Expanding evidence-based prevention and early support** - the Prevention and Wellbeing Co-ordination Service went live in the third quarter of 2017/18. The service is based on an evidence-based model from Australia called Local Area Co-ordination, which diverts eligible users from statutory care services into community options, reduces social isolation and provides support for those below statutory thresholds. The service operates borough-wide and has delivered positive results; working alongside adults to maintain their independence and maximise their wellbeing. The service has supported people to move into new accommodation; to engage in local community groups, e.g. engaging a whole family in a local walking group; finding free English classes for residents; and supporting people to get essential maintenance done. The team has held three community meetings capturing the views of local people and are working with Age UK Barnet, Stonegrove Community Centre and The Hive to set up a programme for the over 55's including exercise, lunch and a reading group; a Bollywood dancing class in Edgware and a men's social group in Child's Hill.
- **Prioritising the needs of carers** – the council has continued to prioritise the needs of carers and ensure they are valued as expert partners in supporting working age adults and older people to live independent lives. The council delivered training sessions on improving support for carers to primary care professionals. New digital resources for carers were launched on the Adults Social Care webpages and the commissioned provider for carers and young carers webpages. These new resources include tools to maintain health and wellbeing, training and access to the Jointly app, which provides a way to organise and share caring responsibilities amongst family and friends.
- **Implementing the new ASC case management system** – the council has continued to work with Capita to progress remedial work on the Mosaic case management system. Recently, this has focused on year-end activities including financial reporting and production of the statutory returns
- **Improving leisure facilities and physical activity** – a new 10-year leisure management contract was awarded to Greenwich Leisure Limited (GLL) in October 2017 following competitive dialogue and the new contract became effective from 1 January 2018 to 31 March 2028. The new contract will provide an annual average management fee paid from the operator to the council of £1.538m per annum (reversing a deficit position of c.£1.2m); and will deliver facility improvements at Hendon, Finchley and Burnt Oak Leisure Centres. In addition, GLL will deliver a range of health benefits throughout the contract term. These focus on improving and sustaining participation such as free swimming opportunities, dementia friendly swimming, and discount memberships for residents. There will also be a range of health interventions such as weight management and diabetes interventions and community programmes. The provider has developed an evaluation partnership with Middlesex University. The council has also progressed the construction of the two new leisure centres at Barnet Copthall and New Barnet. The groundwork and pool excavations for these schemes are now complete. These new facilities form part of a £41.5m council investment and are due for completion in June and August 2019. For the Fit and Active Barnet Network, developments to co-ordinate a campaign from June 2018 have been confirmed.

The Barnet SHAPE Programme in Burnt Oak and Colindale was jointly funded by the council and Sport England. The initiative accumulated over 12,000 attendances to date, surpassing the programme target by 30 per cent. This included engagement of 60 disabled participants and supporting 50 young people to achieve a sports related qualification. Notable health and wellbeing benefits included reported weight loss, improvements in confidence, enhanced friendships and reduced isolation.

The Barnet Health Walks programme co-ordinated seven instructor-led health walks on a weekly basis. Each one was led by a qualified instructor and included additional exercises to improve physical fitness and develop strength and conditioning. The programme engaged over 6,500 older adults and was promoted amongst the Fit and Active Barnet Network.

The London Youth Games, Europe's largest annual youth sports event, has a rich history in producing the country's most high-profile athletes. The co-ordinated over 400 young people to represent Barnet, in partnership with sports clubs and schools. 'Team Barnet' won 1st place (Gold) in Boccia Mini and Female Table Tennis, 2nd place (Silver) in Fencing, Mini Swimming and Male Table Tennis, and 3rd place (Bronze) in Cross Country. In addition, one netball player was spotted by England Netball and ex-England player and captain, Amanda Newton, at the Finals; subsequently being invited to train with the London and South-East region.

Performance indicators

- 1.6 The aim of the council's plan for adult social care is to enable people to remain independent and in their own home for as long as possible. Performance indicators show that the council has been effective in reducing admissions to residential care as a result, with performance better than both comparator group and nationally. In addition, improvements have been made in terms of independent living for people with learning disabilities: 75 per cent live in their own homes or with family (compared with 72 per cent last year; and above comparator group at 69 per cent). People with mental health issues living in stable accommodation remains high at 82 per cent, although slightly down on 84 per cent last year. In addition, 18 working age adults have 'stepped down' over the course of the year from residential care to stable accommodation.

Reducing delayed transfers of care (DTOCs) has been a priority for the adult social care service. In July 2017, central government set all local authorities with social care responsibilities a target for DTOC reduction, to be achieved by September 2017 (and reported in November 2017). Retention and use of the improved Better Care Fund (iBCF) were subsequently linked to the achievement of this target. At the beginning of the 2017/18 financial year, the council was not achieving this target. However, as the year progressed, the council's performance improved and the target has been achieved consistently in the latter part of the year. Key challenges to reported performance were: NHS data quality; and care market availability, especially home care and nursing care. To address these, work was carried out with NHS provider trusts (which submit the national DTOC data) to ensure that submissions were accurate. Detailed investigation revealed that data submitted by NHS organisations had been inaccurate in respect of Barnet (showing it as worse) and so work was carried out to ensure submissions were accurate before they were sent to NHS Digital. This work continues, as data needs to be checked and challenged on a regular basis across all providers where a Barnet resident is admitted, even out of borough. The second challenge was mitigated by commissioning additional home care hours on a block basis and working with YCB to increase weekly enablement hours. Some iBCF funding was used to increase the number of care brokers, to pro-actively source nursing placements and the Care Quality Team worked to improve quality and through

this, reduce embargoed nursing care beds. However, Care Quality Commission data shows that the number of nursing care beds in the borough has reduced by around 300 in the last four years. This, coupled with the fact that at any given time, the council is competing with other councils and CCGs (both in London and beyond) for nursing care placements in Barnet, means that availability of nursing care remains a challenge.

Key challenges overall in adult social care during 2017/18 were social care market availability and financial sustainability. Whilst the service has worked to increase market availability, this will remain an ongoing challenge.

Financial sustainability for adult social care (ASC) is a national issue and these pressures are reflected in Barnet. [ADASS has suggested](#) that an additional £1billion is needed to cover the unavoidable costs of demography^[1], inflation and the National Living Wage; and £1.3billion to stabilise the ASC provider market, per annum. This has been reflected in the [Lord Darzi review of Health and Care](#), which projected a £9.6bn social care funding gap by 29/30, nationally.

An [ADASS survey in October 2017](#) showed that 53.4% of councils with ASC responsibilities forecast overspend on their ASC budgets (up to £20.8m). For a significant number of those that are predicting to be on budget, this relied on additional IBCF funding / use of reserves. At the same time, the council has seen increased demand for services, especially from hospitals (where assessments went up from 697 in 2016/17 to 1,052 in 17/18) and in safeguarding, where concerns were 1,519, up from 1,000 in 2016/17 and enquiries (investigations) increased from 275 to 526. The council also made improvements or remained constant in measures of user satisfaction; complaints have remained low with a reduction in recorded complaints from 96 in 2016/17 to 83 in 2017/18 (the detail is reported separately to Adults and Safeguarding Committee in the annual statutory complaints report).

- 1.7 The EOY 2017/18 position for the basket of indicators in the Theme Committee's Commissioning Plan has been set out in table 1 below. This shows that the majority of Adults and Safeguarding indicators (74%) have met the annual target; and most (76%) have improved or stayed the same since last year.

Table 1: Theme Committee Indicators (EOY 2017/18)

Theme Committee	Green	Green Amber	Red Amber	Red	Improved/ Same	Worsened	Monitor only	No. indicators
Adults and Safeguarding	74% (14)	26% (5)	0.0% (0)	0.0% (0)	76% (13)	24% (4)	7	26

- 1.8 Four Adults and Safeguarding indicators in the Corporate Plan have not met the annual target; and one indicator (the latter) in the Adults and Safeguarding Commissioning Plan has not met the annual target. Comments on performance for these indicators are provided below.

- **AC/S4 Percentage of adults with learning disabilities in paid employment (RAG rated GREEN AMBER)** – 10.1% against annual target of 10.3%. This represents 79 people in paid employment out of a cohort of 785. This cohort, in line with the national definition for this indicator, represents all people who use Learning Disabilities services over the course of the year and includes some individuals who are no longer in contact with the council. A new Learning Disabilities employment support offer has been made

^[1] [Demographic pressures](#)- increasing needs of younger and older adult cohorts: Older people: 1.1%; People with learning disabilities: 1.2%; People with mental health needs: 0.2%; Physically disabled people: 0.3%

available in 2017/18 and Your Choice Barnet has achieved a number of successful outcomes for individuals who have accessed volunteering and training opportunities. Learning disabilities service users have been signposted to appropriate employment support opportunities, including third sector organisations via the Prevention and Wellbeing Service, and newly commissioned day opportunities. The council remains above its comparator group average (9.1%) and well above the England average for this indicator (5.7%) and improved success in relation to this measure remains a focus for the service.

- **AC/S5 Percentage of adults with mental health needs in paid employment (RAG rated GREEN AMBER)** - 6.7% against annual target of 7.5%. This indicator refers to individuals with complex mental health needs for whom employment may be particularly challenging. Mental health service users have been signposted to employment opportunities, including the embedded employment services. For people with less complex needs, the new mental health enablement model has promoted community-based support options, including access to employment, diverting people from the need for more intensive services.
- **AC/S6 Percentage of adults with mental health needs who live independently, with or without support (RAG rated GREEN AMBER)** - 82.4% against annual target of 83%. This indicator refers to individuals with complex mental health needs, for whom stable accommodation options may be challenging to find. The new mental health enablement pathway has promoted access to alternative accommodation options, including the new supported living framework providers, for individuals with mental health needs. New admissions to residential care for working age adults has remained low, while mental health delayed transfers of care have been reduced throughout 2017/18.
- **AC/C12 Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to the NHS and adult social care (RAG rated GREEN AMBER)** – 9.4 against annual target of 9.1. Substantial work has been carried out to reduce delayed transfers of care in Barnet, involving a range of measures. These range from introduction of a new 'discharge to assess' service which provides extra beds for patients close to discharge from hospital, to co-location of brokerage staff with hospital teams to ensure care placements are sourced quickly. To highlight the level of improvement, the rate of delays per day per 100,000 population fell to 9.4 days (from 15.6 last year).
- **AC/S8 Percentage of new clients, older people accessing enablement (RAG rated GREEN AMBER)** – 54.5% against annual target of 65%. The referral criteria for enablement was redefined in March 2017 following a review of the service to reduce the number of inappropriate referrals and ensure that the specialist service and its resources were used to best advantage. The aim has been to target referrals more effectively and as a result the proportion of new clients referred into the service has decreased.

Corporate Plan Indicators ¹									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
CPI	AC/S1 (ASCOF 3A) (Annual)	Percentage of people who use adult social services satisfied with their care and support (extremely and very satisfied only)	Bigger is Better	Annual – reported in Q3 2017/18	61.3% (within confidence interval)	61.1% ² (reported in Q3 2017/18) (G)	61.3% (reported in Q2 2016/17)	↔ Same	Nearest Neighbours 60.4% England 64.7% (NASCIS, 2016/17)
CPI	AC/S10 (ASCOF 1B) (Annual)	Percentage of people who feel in control of their own lives	Bigger is Better	Annual – reported in Q3 2017/18	70% (within confidence interval)	72.1% ³ (reported in Q3 2017/18) (G)	69.4% (reported in Q2 2016/17)	↔ Same	Nearest Neighbours 73.1% England 77.7% (NASCIS, 2016/17)
CPI	AC/S25	Percentage of Social Care Direct customers who are satisfied or very satisfied with the service they have received post resolution	Bigger is Better	Apr 2017 - Mar 2018	85%	88% (G)	80%	▲ Improving	No benchmark available
CPI	AC/S3 (ASCOF 1G)	Percentage of adults with learning disabilities who live in their own home or with their family	Bigger is Better	Apr 2017 - Mar 2018	65%	75% (G)	72%	▲ Improving	Nearest Neighbours 68.5% England 76.2% (NASCIS, 2016/17)
CPI	AC/S4 (ASCOF 1E)	Percentage of adults with learning disabilities in paid employment	Bigger is Better	Apr 2017 - Mar 2018	10.8%	10.1% (GA)	10.9%	▼ Worsening	Nearest Neighbours 9.1% England 5.7% (NASCIS, 2016/17)

¹ The Monitor indicators have been included for information.

² This survey indicator has a confidence interval of +/-4.1%pts. The measures from the annual social care survey have been subject to further validation and are being resubmitted to NHS Digital, the publishers of national social care data. These updated figures are not yet reflected in the published NHS Digital results. The result differs slightly to that reported in Q3 2017/18 (61.7%) due to further data cleansing.

³ This survey indicator has a confidence interval of +/-4.1%pts. The result differs slightly to that reported in Q3 2017/18 (69.9%) due to further data cleansing.

Corporate Plan Indicators ¹									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
CPI	AC/S5 (ASCOF 1F)	Percentage of adults with mental health needs in paid employment	Bigger is Better	Apr 2017 - Mar 2018	7.5%	6.7% (GA)	7.6%	▼ Worsening	No benchmark available
CPI	AC/S6 (ASCOF 1H)	Percentage of adults with mental health needs who live independently, with or without support	Bigger is Better	Apr 2017 - Mar 2018	83%	82.4% (GA)	84.2%	▼ Worsening	No benchmark available
CPI	AC/S9 ASCOF 2A (2)	Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	Apr 2017 - Mar 2018	500	312.5 (G)	381.9	▲ Improving	Nearest Neighbours 404.2 England 610.7 (NASCIS, 2016/17)
CPI	AC/C14	Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64*	Smaller is Better	Apr 2017 - Mar 2018	15	3.2 (G)	8.5	▲ Improving	Nearest Neighbours 7.7 England 12.8 (NASCIS, 2016/17)
CPI	AC/C12	Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to the NHS and adult social care	Smaller is Better	As at March 2018	9.14	9.4 (GA)	15.6 (March 2017)	▲ Improving	CIPFA Neighbours 6.52 England 11.60 (March 2018, DoH)

⁴ The targets for DTOC were amended to reflect the new Department of Health methodology introduced during the year.

Corporate Plan Indicators ¹									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
CPI	AC/C13 (ASCOF 2C/2)	Number of delayed transfers of care from hospital per 100,000 population which are attributable to adult social care only	Smaller is Better	As at March 2018	2.6 ⁴	2.3 (G)	8.7 (March 2017)	▲ Improving	CIPFA Neighbours 2.13 England 3.56 (March 2018, DoH)
CPI	AC/S15 (ASCOF 4A) (Annual)	Percentage of people who use services who say those services make them feel safe and secure	Bigger is Better	Annual – reported in Q3 2017/18	79.6% (within confidence interval)	80.4% ⁵ (reported in Q3 2017/18) (G)	79.6% (reported in Q2 2016/17)	↔ Same	Nearest Neighbours 83.3 England 86.4 (NASCIS, 2016/17)
CPI	AC/S29	Number of instances of information, advice and guidance provided to carers	Bigger is Better	Apr 2017 - Mar 2018	3,300	3,874 (G)	3,226	▲ Improving	No benchmark available
CPI	AC/C17	Percentage of contacts that result in a care package	Smaller is Better	Apr 2017 - Mar 2018	Monitor	22.9%	20.8%	Data provided to show demand pressure on service	No benchmark available
CPI	AC/C16	Number of referrals to hospital social work teams	Smaller is Better	Apr 2017 - Mar 2018	Monitor	1,052	697	Data provided to show demand on service	No benchmark available

⁵ This survey indicator has a confidence interval of +/-3.2%pts, so is within target. The result differs slightly to that reported in Q3 (78.0%) due to further data cleansing.

Corporate Plan Indicators ¹									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
CPI	AC/C21	Working age adults who have moved out of residential care into stable accommodation	Monitor	Apr 2017 - Mar 2018	Monitor	7.3	New for 2017/18	New for 2017/18	No benchmark available

Commissioning Plan Indicators ⁶									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
SPI	AC/S8	Percentage of new clients, older people accessing enablement	Bigger is Better	Apr 2017 - Mar 2018	65%	54.5% (GA)	70.3%	▼ Worsening	No benchmark available
SPI	AC/C19	Proportion of referrals that result in an assessment	Monitor	Apr 2017 - Mar 2018	Monitor	69.6%	New for 2017/18	New for 2017/18	No benchmark available
SPI	AC/S2 (ASCOF 3D)	Service users who find it easy to get information	Bigger is Better	Annual – reported in Q3 2017/18	71.3%	72.1% ⁷ (G)	69.4% (Q2 2016/17)	↔ Same	Nearest Neighbours 72.8 England 73.5 (NASCIS, 2016/17)

⁶ The Monitor indicators have been included for information.

⁷ This survey indicator has a confidence interval of +/-3.8%pts.

Commissioning Plan Indicators ⁸									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
SPI	AC/S27	Percentage of customer contacts into Social Care Direct resolved at first point of contact	Bigger is Better	Apr 2017 - Mar 2018	Monitor	86.7%	54%	Data provided to show demand pressure on service	No benchmark available
SPI	AC/S17	Number of new telecare packages installed*	Bigger is Better	Apr 2017 - Mar 2018	1,000	1,741 (G)	1,013	▲ Improving	No benchmark available
SPI	AC/S18	Percentage of service users receiving ongoing services with telecare*	Bigger is Better	Apr 2017 - Mar 2018	17.0%	25.4% (G)	16.2%	▲ Improving	No benchmark available
SPI	AC/C20	Number of safeguarding concerns received	Monitor	Apr 2017 - Mar 2018	Monitor	1,519	New for 2017/18	New for 2017/18	No benchmark available
SPI	AC/S21	Number of carers' assessments	Bigger is Better	Apr 2017 - Mar 2018	Monitor	1,093	824	Data provided to show demand pressure on service	No benchmark available
SPI	CG/C28	Total number of individuals aged 45 years plus participating in leisure opportunities	Bigger is Better	Apr 2017 - Mar 2018	20.6%	24% (G)	New for 2017/18	New for 2017/18	No benchmark available

⁸ The Monitor indicators have been included for information.

Commissioning Plan Indicators ⁹									
Ref		Indicator	Polarity	Period Covered	2017/18 Annual Target	2017/18 EOY Result	2016/17 EOY Result	DOT Long Term (From EOY 2016/17)	Benchmarking
SPI	CG/C29	Increase in percentage of the population taking part in sport and physical activity at least twice in the last month (as defined by Active Lives	Bigger is Better	Apr 2017 - Mar 2018	76.7%	77.9% (G)	New for 2017/18	New for 2017/18	No benchmark available

⁹ The Monitor indicators have been included for information.

Risk management

1.9 Adults and Safeguarding risks are held on the Adults, Communities and Health risk register. This includes 29 risks overall, which are being managed in line with the council's risk management framework. Six are high level risks with a residual risk score of 15 or above. All are being managed as 'treat'.

- **AC001 - Increased overspend in 2017/18 to meet statutory duties (risk score 20 – increased from 15).** This is being addressed by an in-year recovery plan that includes tighter spending controls and more senior management involvement on care spend. The new social care monies allocated by Central Government have been allocated to priority areas of spend and preventative services and the distribution supported by Adults and Safeguarding Committee in June 2017. The Adults and Communities budget has been re-profiled to reflect projected demand more closely. Given the significant financial challenges in 2017/18 detailed work is underway to profile the likely budget position in 2018/19. A three per cent precept has been agreed to support the position in 2018/19.
- **AC028 - Lack of fully functioning case management system (risk score 20 – increased from 15).** A plan to complete the programme was submitted but then subsequently withdrawn. Capita have reduced the programme team from 16 to seven and the Programme Director [left](#) at end of March 2018. This situation has delayed progress and, as a result, the risk score has increased from 15 to 20. The programme plan has been refined to ensure delivery of the highest priority activity and to pursue the appropriate commercial process. Work has taken place throughout the quarter to improve the functioning of specific business processes. Good progress has been made to ensure customer billing processes are functioning more smoothly using an interim billing solution. Improved information governance controls have been maintained; and data inputting backlogs have been reduced following recruitment of new resources. The fortnightly Programme Board has continued to meet to monitor progress.
- **AC027 - Implementation of new IT systems (risk score 16).** The Investing in IT Programme Board has continued to meet to monitor the implementation of Mosaic, as the most significant new IT system being introduced in Adults and Communities at the present time. A revised programme plan is being reviewed by the joint programme management team with the majority of remedial work on the system forecast to complete by July 2018. The action delivery date has been revised to reflect this. The Adults Digital Strategy Programme Board has met monthly to ensure the join-up of IT projects and programmes across the service and will be supplemented by a technical working group with representation from CSG to ensure systems are co-ordinated at technical and infrastructure levels.
- **AC031 - Lack of financial control (risk score 16 – increased from 9).** Delays in resolving issues following the move to the new case management system have limited the ability for the council to produce routine budget reports. There is a risk that with limited financial reporting and a result, reliance on work arounds, that budget issues are not identified and addressed in a timely fashion. The new finance reporting solution has continued to undergo testing with workarounds being used to supplement the data for use in year end finance reporting. The revised Mosaic programme plan makes provision for a review of the system build and service

configuration structure, which will provide enhanced financial reporting capabilities and cleansed data later in 2018.

- **AC002 - Failure of care provider (risk score 16) and AC003 - Unacceptable level of quality services provided by care providers (risk score 16).** These risks are being addressed through a programme of quality assurance, practice improvement and provider support. The Care Quality Team mitigates this risk by delivering a programme of monitoring, practice sharing and strategic improvement. The service has purchased a contract management and monitoring system to improve analysis of trends and support early intervention. A joint approach to monitoring the market across London is being piloted. A health and social care project group is leading development of a Care Home Strategy and an enhanced offer for care homes to deliver improved quality of services and reduce risk of failure. A joint approach to managing provider concerns has been put in place led by the primary commissioner. Health funding has been agreed for nursing resources co-located within the council to roll out clinical training for providers to improve management of long-term conditions and end of life.

2 REASONS FOR RECOMMENDATIONS

- 2.1 These recommendations are to provide the Committee with the necessary information to oversee the performance of the Commissioning Plan 2017/18 addendum. This paper enables the council to meet the budget agreed by Council on 7 March 2017.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None.

4 POST DECISION IMPLEMENTATION

- 4.1 None.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The report provides an annual overview of performance, including budget outturn for revenue and capital, progress on key activities, indicators that have not met the annual target and management of high level risks.
- 5.1.2 The EOY 2017/18 results for all Corporate Plan and Commissioning Plan indicators are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>
- 5.1.3 Robust budget and performance monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of council priorities and targets as set out in the Corporate Plan and Commissioning Plans. In addition, adherence to the Prudential Framework ensures capital expenditure plans remain affordable in the longer term and that capital resources are maximised.
- 5.1.4 Relevant council strategies and policies include the following:
- Corporate Plan 2015-2020
 - Corporate Plan - 2016/17 Addendum and 2017/18 Addendum
 - Commissioning Plans
 - Medium Term Financial Strategy
 - Treasury Management Strategy
 - Debt Management Strategy
 - Insurance Strategy
 - Risk Management Framework
 - Capital, Assets and Property Strategy.
- 5.1.5 The priorities of the council are aligned to the delivery of the Health and Wellbeing Strategy.
- 5.2 **Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.3 Legal and Constitutional References

- 5.3.1 Section 151 of the Local Government Act 1972 states that: “without prejudice to section 111, every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that one of their officers has responsibility for the administration of those affairs”. Section 111 of the Local Government Act 1972, relates to the subsidiary powers of local authorities.
- 5.3.2 Section 28 of the Local Government Act 2003 (the Act) imposes a statutory duty on a billing or major precepting authority to monitor, during the financial year, its income and expenditure against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such action as it considers necessary to deal with the situation. Definition as to whether there is deterioration in an authority’s financial position is set out in sub-section 28(4) of the Act.
- 5.3.3 The Council’s Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include: (5) To receive reports on relevant performance information on Delivery Units providing services under the remit of the Committee.
- 5.3.4 The council’s Constitution, Financial Regulations Part 17, Financial Regulations section 4, paragraphs 4.4.9 - 11 state:
- Allocations from the central contingency relating to planned developments will be approved by the Chief Finance Officer (section 151 officer), in consultation with the Chairman of the Policy and Resources Committee, following the receipt from a Chief Officer of a fully costed proposal to incur expenditure that is in line with planned development (including full year effect).
Where there is a significant increase in the full year effect, the contingency allocation must be approved by the Policy and Resources Committee.
 - Allocations from the central contingency for unplanned expenditure, including proposals to utilise underspends previously generated within the service and returned to central contingency, will be approved by the Chief Finance Officer in consultation with the Chairman of Policy and Resources Committee.
Where there are competing bids for use of underspends, additional income or windfalls previously returned to central contingency, priority will be given to the service(s) that generated that return.
 - Allocations for unplanned expenditure over £250,000 must be approved by Policy and Resources Committee.
- 5.3.5 The Chief Finance Officer (section 151 officer) will report in detail to Performance and Contract Management Committee at least four times a year, at the end of each quarter, on the revenue, capital budgets and wider financial standing.
- 5.3.6 The council’s Constitution, Financial Regulations section 4 paragraph 4.4.3 states amendments to the revenue budget can only be made with approval as per the scheme of virements table below:

Virements for allocation from contingency for amounts up to £250,000 must be approved by the Section 151 Officer in consultation with appropriate Chief Officer

Virements for allocation from contingency for amounts over £250,000 must be approved by Policy and Resources Committee
Virements within a service that do not alter the bottom line are approved by Service Director
Virements between services (excluding contingency allocations) up to a value of £50,000 must be approved by the relevant Chief Officer
Virements between services (excluding contingency allocations) over £50,000 and up to £250,000 must be approved by Chief Officer and Chief Finance Officer in consultation with the Chairman of the Policy and Resources Committee and reported to the next meeting of the Policy and Resources Committee
Virements between services (excluding contingency allocations) over £250,000 must be approved by Policy and Resources Committee

Capital Virements
Policy & Resources Committee approval is required for all capital budget and funding virements and yearly profile changes (slippage or accelerated spend) between approved capital programmes i.e. as per the budget book. The report must show the proposed: i) Budget transfers between projects and by year; ii) Funding transfers between projects and by year; and iii) A summary based on a template approved by the Section 151 Officer
Policy and Resources Committee approval is required for all capital additions to the capital programme. Capital additions should also be included in the quarterly budget monitoring report to Performance and Contract Management Committee for noting.
Funding substitutions at year end in order to maximise funding are the responsibility of the Section 151 Officer.

5.4 Risk Management

- 5.4.1 Various projects within the council's revenue budget and capital programme are supported by time-limited grants. Where there are delays to the implementation of these projects, there is the risk that the associated grants will be lost. If this occurs either the projects will be aborted or a decision to divert resources from other council priorities will be required.
- 5.4.2 The revised forecast level of balances needs to be considered in light of the risk identified in 5.4.1 above.

5.5 Equalities and Diversity

- 5.5.1 The Equality Act 2010 requires organisations exercising public functions to demonstrate that due regard has been paid to equalities in:
- Elimination of unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - Advancement of equality of opportunity between people from different groups.
 - Fostering of good relations between people from different groups.
- 5.5.2 The Equality Act 2010 identifies the following protected characteristics: age; disability; gender reassignment; marriage and civil partnership, pregnancy and maternity; race; religion or belief; sex and sexual orientation.

- 5.5.3 In order to assist in meeting the duty the council will:
- Try to understand the diversity of our customers to improve our services.
 - Consider the impact of our decisions on different groups to ensure they are fair.
 - Mainstream equalities into business and financial planning and integrating equalities into everything we do.
 - Learn more about Barnet's diverse communities by engaging with them.

This is also what we expect of our partners.

5.5.4 This is set out in the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

5.5.5 Progress against the performance measures we use is published on our website at: www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_and_diversity

5.6 Consultation and Engagement

5.6.1 During the process of formulating budget and Corporate Plan proposals for 2015-2020 onwards, four phases of consultation took place:

Phase	Date	Summary
Phase 1: Setting out the challenge	Summer 2013	The council forecast that its budget would reduce by a further £72m between 2016/17 and 2019/20, setting the scene for the PSR consultation
Phase 2: PSR consultation to inform development of options	October 2013 - June 2014	Engagement through Citizen's Panel Workshops which focused on stakeholder priorities and how they would want the council to approach the Priorities and Spending Review An open 'Call for Evidence' asking residents to feedback ideas on the future of public services in Barnet.
Phase 3: Engagement through Committees	Summer 2014	Focus on developing commissioning priorities and MTFS proposals for each of the 6 committees Engagement through Committee meetings and working groups
Phase 4: Strategic Plan to 2020 Consultation	December 2014 – March 2015	A series of 6 workshops with a cross section of residents recruited from the Citizens Panel and Youth Board, plus two workshops with users ¹⁰ of council services. An online survey (17 December 2014 – 11 February 2015)

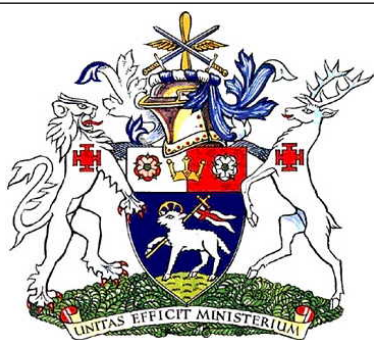
¹⁰ One "service user" workshop was for a cross section of residents who are users of non-universal services from across the council. The second workshop was for adults with learning disabilities.

6 BACKGROUND PAPERS

- 6.1 Council, 3 March 2015 (Decision item 12) – approved Business Planning 2015/16 – 2019/20, including the Medium-Term Financial Strategy.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=7865&Ver=4>
- 6.2 Council, 14 April 2015 (Decision item 13.3) – approved Corporate Plan 2015-2020.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=7820&Ver=4>
- 6.3 Council, 4 April 2016 (Decision item 13.1) – approved 2016/17 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=8344&Ver=4>
- 6.4 Council, 7 March 2017 – approved 2017/18 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=8819&Ver=4>

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AGENDA ITEM 9



Adults and Safeguarding Committee

4 June 2018

Title	A Multi-Agency Safeguarding Approach for Barnet
Report of	Chairman of the Adults and Safeguarding Committee, Cllr Sachin Rajput
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	None
Officer Contact Details	Joanna Georgiades, Safeguarding Adults Board Business Manager - 0208 359 5693 Joanna.Georgiades@Barnet.gov.uk

Summary

This report is an update on the report received by the Adult and Safeguarding Committee on 22 January 2018. Since the last meeting the Strategic Director of Adults, Communities and Health has continued discussion with statutory partners on the development of a Multi-Agency Safeguarding Hub (MASH) for Adult Safeguarding. The committee is asked to note the progress since the last report

Officers Recommendations

1. That the Adults and Safeguarding Committee notes the progress of the Adult MASH.

1. WHY THIS REPORT IS NEEDED

- 1.1 On the 19 September 2017, the Adults and Safeguarding Committee considered the Annual Report of the Barnet Safeguarding Adults Board 2016-17. The Safeguarding Adults Board is a multi-agency board which has been established to improve safeguarding (protection) practices for adults at risk of abuse in Barnet and is made up of representatives from the Council, the Metropolitan Police, Barnet CCG, local NHS providers, the London Fire Brigade, Community Barnet and the Barnet Group.
- 1.2 The Annual Report included the establishment of a Multi-Agency Safeguarding Hub (MASH) as one of five priorities for the Board. It sets out that an adult MASH will pull together key information sources from the various partner systems and will provide a clear pathway for reporting concerns. It will enable appropriate triage of cases reported. The MASH will support comprehensive, well informed, multi-agency assessments for adults referred to the MASH who appear to be at risk. The MASH will bring together not just information but also professional staff from a range of agencies into an integrated multi-agency team. Partners are committed to this approach of more integrated working to better safeguard vulnerable residents in Barnet.
- 1.3 At its 22nd January 2018 meeting, the committee received a report on the adult MASH and asked to receive a progress report at its June 2018 meeting.

2. REASONS FOR RECOMMENDATIONS

- 2.1 A Multi-Agency Safeguarding Hub (MASH) is a means for rapid information sharing between agencies in response to a safeguarding concern. It can take the form of either a dedicated, multi-agency team, working in one location with access to the systems of each of the organisations or as a virtual team with a central coordinator linked to contacts in each organisation, facilitating the sharing of information. In so doing, a successful MASH model improves the flow and access to information, decision making and responses to adults at risk. It provides a system to review information from multiple sources in a timely manner to give a comprehensive picture. It provides an opportunity to embed personalisation in safeguarding (following Care Act 2014 statutory guidance on 'Making Safeguarding Personal') across the pathway by ensuring consistent practice across agencies and professionals. Good information sharing helps ensure risks to adults are better understood. The MASH should also reduce the risks and inefficiencies that can arise from duplication or poor coordination across agencies.
- 2.2 The MASH model will support the achievement of the duties held by partner agencies under the Care Act Statutory Guidance (section 14.11) to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
 - Stop abuse or neglect wherever possible
 - Safeguard adults in a way that supports them in making choices and having control about how they want to live
 - Promote an approach that concentrates on improving life for the adults concerned
 - Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
 - Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
 - Address what has caused the abuse or neglect.
- 2.3 Since the January committee meeting, statutory partners across Health, Social Care and the Police have met and re-committed to the model of a co-located MASH. The MASH will be located alongside the Children's Multi-Agency Safeguarding Hub in Colindale. This will provide an opportunity for the MASH to develop a pathway for safeguarding cases that involve both children and adults at risk. It will allow for better communication and sharing of information for safeguarding involving young adults.
- 2.4 The police will have access to secure IT and systems. A joint Police team will support the children's and adults MASHs.
- 2.5 Work on the operational planning stage of the MASH has commenced.
- 2.6 The partners have agreed a focus on the mental health pathway, to review the process for mental health safeguarding referrals. It is felt that the involvement of a mental health professional within the MASH would provide extensive benefits for complex cases and the application of the Mental Health Act 1983. Further opportunities in early intervention and prevention would benefit from a more in-depth understanding of mental health services and thresholds.
- 2.7 Standardisation of the thresholds from concern to enquiry will be progressed through the MASH. A programme of audit will provide assurance that these thresholds are being applied appropriately.
- 2.8 The MASH will allow for virtual involvement of partners and a pathway for early intervention and prevention. Work will continue with partners to agree the scope of involvement and the form it will take within the MASH to ensure that it is as operationally effective as possible. The role of health in supporting referrals for pressure ulcers, mental health and issues of inappropriate discharge will be more fully investigated to ensure that the skills and knowledge mix within the MASH is reflective of the concerns received. The Clinical Commissioning Group is committed to this engagement.

- 2.9 In preparation for the MASH, partners will map the current entry points for concerns, looking at how this can be standardised and streamlined through the MASH. Thresholds for the front door of the MASH will be developed as part of the multi-agency operational protocols and procedures.
- 2.10 The MASH will operate within the agreed London multi-agency Information Sharing Agreement for the SAB for section 42's. A review of information sharing platforms will be undertaken with learning taken from the Children's MASH.
- 2.11 The intention is that the MASH will go live in winter 2019, with a dependency on the Colindale relocation.
- 2.12 Numbers of safeguarding concerns and enquiries have increased in 2017/18 compared to previous years, in 2015-16 1215 concerns were received, 2016-17 1043 concerns and 2017-18 1529. Demand modelling will be undertaken as part of the operational planning for the MASH.
- 2.13 A planning meeting was held on May 2, 2018 to progress these next steps and a project framework was agreed, based on three phases of work to ensure the model can be launched with the move to Colindale (planned for January 2019). These are set out below:

Phase	Scope
Mobilisation (now – June '18)	<ul style="list-style-type: none"> • Refreshed demand estimates • Confirmation of all partner resource costs / commitments (including Mental Health) • Confirmation of existing safeguarding pathways • IT and building requirements clarified • Project governance established
Detailed design (July – September '18)	<ul style="list-style-type: none"> • New pathways and thresholds agreed • Staff structures, responsibilities and procedures developed • Training designed • IT systems / solutions designed • Success measures and tracking methods defined
Preparation and launch (September '18 – January '19)	<ul style="list-style-type: none"> • Building / floor set up • IT in place • Pathways tested • Staff trained • Wider communications delivered • Data sharing protocols signed off • MASH launched
Support and tracking (January '19 onwards)	<ul style="list-style-type: none"> • Troubleshooting and refinement of processes • Continuous improvement framework in place • Demand and benefits tracked

	<ul style="list-style-type: none"> • 6 month evaluation of model
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3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 No change. This would not achieve the ambitions for improvement identified by the Safeguarding Adults Board.
- 3.2 Joint improvement plan. Whilst there are improvements that could be made to collaborative working without the development of a MASH, it is the considered view of the partnership that the model offers the best opportunity to achieve the desired benefits.

4. POST DECISION IMPLEMENTATION

- 4.1 Work is being progressed on a detailed design and implementation plan to be followed by a mobilisation period that will include training and communications. This will be followed by a launch in Winter 2019 with the move into Colindale offices.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Barnet Safeguarding Adults Board Annual Report 2016/17 reinforces the commitment of the Corporate Plan to ensure the effective safeguarding of vulnerable adults. The performance of the MASH will be monitored and evaluated to ensure improvements to service. A full set of performance indicators and evaluation criteria will be developed as part of the implementation phase.

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

- 5.2.1 It is not anticipated that the MASH will achieve cashable financial savings for partners as other sites have shown that the approach has increased demand. However, it is anticipated that it will improve efficiency and reduce duplication and offer a better service for residents.
- 5.2.2 The LBB Adults Transformation Team will manage the project from within existing resources, eliminating any additional project management costs. Many partners have also already committed resources for the new model. The mobilisation phase will clarify any additional ongoing operational costs that will be occurred across partners by the MASH model, for example staffing, IT maintenance or evaluation. Any additional LBB resource requirements will be presented for sign off and agreement of funding.

- 5.2.3 Partners have committed to shaping and governing the set-up of the MASH through a practitioner reference group and a project board, which will now be established.

5.3 Social Value

- 5.3.1 The social value of the report is reflected in the commitment and applications of core principles of safeguarding.

5.4 Legal and Constitutional References

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

5.5 Risk Management

- 5.5.1 **Inability to access key information.** Lack of robust information sharing agreements lead to ineffective or incomplete information sharing and therefore greater risk to adults and the reputation of all organisations involved. Partners need to be able to share information in a timely manner to ensure that cases are dealt with promptly and the MASH achieves its outcomes. Each organisation has adopted the Pan-London Adult Safeguarding Information Sharing Agreement to mitigate this risk.

- 5.5.2 **Information shared is not useful.** Partners may not share enough information or may share too much meaning the member of staff dealing with the referral is unable to decipher what is useful. This will be mitigated by having clear referral forms and processes.

- 5.5.3 **Inappropriate thresholds become established.** A lack of clearly understood thresholds or unreasonable thresholds could lead to delays in outcomes for service users and a negative impact on the reputation of the MASH. Thresholds will be set according to best practice guidance and lessons learned from other organisations

5.6 Equalities and Diversity

- 5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - Advance equality of opportunity between people from different groups.
 - Foster good relations between people from different groups.
- 5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities The protected characteristics are:
- Age
 - Disability
 - Gender reassignment
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
- 5.6.3 The broad purpose of this duty is to integrate considerations of equality into day to day business and to keep them under review in decision making, the design of policies and the delivery of services.

5.7 **Corporate Parenting**

- 5.7.1 Not applicable

5.8 **Consultation and Engagement**

- 5.8.1 The Safeguarding Adults Board consults and engages with service users through the Safeguarding Adults Service Users Forum. The work of this forum is incorporated in the Board's Annual Report.

5.8 **Insight**

- 5.8.1 Not applicable

6. **BACKGROUND PAPERS**

- 6.1 [Barnet Safeguarding Adult Board Annual Report 2016-17](#) - Adults and Safeguarding Committee, Tuesday 19th September 2017
- 6.2 [Care and Support Statutory Guidance](#), especially para 14.14
- 6.3 [London-wide Safeguarding Adults Policy and Procedures](#)

6.4 [Adults and Safeguarding Committee January 22, 2018 Report](#)

**London Borough of Barnet
Adults and Safeguarding
Committee Forward Work
Programme
April 2018 – May 2019**

Contact: Anita Vukomanovic: anita.vukomanovic@barnet.gov.uk 0208 359 7034

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
4 June 2018			
Personal Assistants	Committee to receive a report on Personal Assistants within the context of Adult Social Care.	Strategic Director of Adults, Communities and Health	Non-key
Quarterly Performance Report	Committee to receive a regular performance report.	Strategic Director of Adults, Communities and Health	Non-key
Progress Report on the Development of the Adult MASH	Committee to receive an update report on the development of an Adults Multi Agency Safeguarding Hub (MASH)	Strategic Director of Adults, Communities and Health	Non-key
20 September 2018			
11 December 2018			
18 March 2019			
Item(s) to be allocated			
Extra Care Benchmarking		Strategic Director of Adults, Communities and Health	Key