

<p style="text-align: center;"><u>MEETING</u></p> <p style="text-align: center;">ADULTS AND SAFEGUARDING COMMITTEE</p>
<p style="text-align: center;"><u>DATE AND TIME</u></p> <p style="text-align: center;">MONDAY 26TH NOVEMBER, 2018</p> <p style="text-align: center;">AT 7.00 PM</p>
<p style="text-align: center;"><u>VENUE</u></p> <p style="text-align: center;">HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG</p>

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

Chairman: Councillor Sachin Rajput

Vice Chairman: Councillor David Longstaff

Roberto Weeden-Sanz
Caroline Stock
Reema Patel

Jess Brayne
Helene Richman
Golnar Bokaei

Paul Edwards
Jo Cooper

Substitute Members

Brian Gordon
Anthony Finn

Anne Hutton
Daniel Thomas

Claire Farrier
Gill Sargeant

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 21 November 2019 at 10AM. Requests must be submitted to Naomi Kwasa: naomi.kwasa@barnet.gov.uk 0208 359 4144

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

Andrew Charlwood – Head of Governance

Governance Service contact: Naomi Kwasa: naomi.kwasa@barnet.gov.uk 0208 359 4144

Media Relations Contact: Gareth Greene 020 8359 7039

ASSURANCE GROUP

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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.	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2017-18	9 - 74
8.	Adults and Communities Annual Complaints Report	75 - 98
9.	Business Planning 2019-2024	99 - 144
10.	Quarter 2 2018/19 Adults and Safeguarding Performance Report	145 - 162
11.	Committee Forward Work Programme	163 - 164
12.	Any other items that the Chairman decides are urgent	

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Decisions of the Adults and Safeguarding Committee

20 September 2018

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)
Councillor David Longstaff (Vice-Chairman)

Councillor Roberto Weeden-Sanz	Councillor Jo Cooper
Councillor Jess Brayne	Councillor Reema Patel
Councillor Paul Edwards	Councillor Helene Richman
Councillor Caroline Stock	Councillor Anthony Finn

Apologies for Absence

Councillor Golnar Bokaei

1. MINUTES

The minutes of the meeting held on 4 June 2018 were agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies were received from Councillor Golnar Bokaei, who was substituted by Councillor Anthony Finn.

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

Councillor Caroline Stock declared a non-pecuniary interest in that her daughter works as a Psychiatrist for the Barnet Health Trust.

Councillor Jess Brayne declared a non-pecuniary interest in that her brother-in-law works for Your Choice Barnet.

Councillor Anthony Finn declared a non-pecuniary interest in that his mother-in-law receives her occupational therapy from the Council.

Councillor Helene Richman declared a non-pecuniary interest in that she is a Trustee of Mind in Barnet.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

5. MEMBERS' ITEMS (IF ANY)

At the invitation of the Chairman, Councillor Edwards introduced his Members Item.

Following discussion on the item, the Chairman suggested that rather than bringing back a separate report on the item, the salient points could be included in an update on the financial recovery plan (see Item 10) at a future meeting of the committee.

It was then proposed by Councillor Edwards that the Members Item be accepted and a full report as detailed in the Item be brought back to a future meeting of the Adults and Safeguarding Committee. This was seconded by Councillor Brayne. A vote was taken and the results were as follows;

For	Against	Abstention
4	6	0

The motion was lost. It was agreed that the salient points of the Members Item would be included in an update on the financial recovery plan, the details of which are included in the minutes at Item 10 for the Adult Social Care Financial Recovery Plan 2018-19.

6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

7. ADULT SOCIAL CARE: RESPONDING TO WINTER DEMAND

The Chairman introduced the report, which provided the Committee with information on the work being carried out by Barnet Council's adult social care services on winter demand.

Following the consideration of the report, the Chairman MOVED to the vote on the recommendations set out in the report.

It was RESOLVED;

That the Adults and Safeguarding Committee notes the work carried out by Barnet's adult social care services to prepare for and respond to additional demand over winter.

8. INTEGRATED HEALTH AND SOCIAL CARE

The Chairman introduced the report, which provided the Committee with an update on local integration of health and adult social care to improve the health and wellbeing of residents.

Following the consideration of the report, the Chairman MOVED to the vote on the recommendations set out in the report.

It was RESOLVED that;

The Committee is asked to note the progress that has been made on the integration of health and social care.

9. QUARTER 1 2018/19 ADULTS AND SAFEGUARDING PERFORMANCE REPORT

The Chairman introduced the report, which provided the Committee with an update on the Theme Committee priorities in the Corporate Plan 2018/19 Addendum for **Quarter 1**

(Q1) 2018/19, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high-level risks.

Following discussion on the report, it was **MOVED** by Councillor Brayne and seconded by Councillor Patel to add the following two additional recommendations to the report:

2. Refer to the Policy and Resources Committee that Adults and Safeguarding should be exempt from the recruitment freeze;
3. That the entire issue of Mosaic including the legal negotiations and impact on staff is brought back to this Committee.

A vote was taken on the first additional recommendation as follows:

For	Against	Abstention
4	6	0

The motion was lost.

A vote was taken on the second additional recommendation as follows:

For	Against	Abstention
4	6	0

The motion was lost.

Following the consideration of the report, the Chairman **MOVED** to the vote on the recommendations set out in the report.

It was RESOLVED that;

The Committee had reviewed the financial, performance and risk information for Q1 2018/19 and agreed not to make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees.

10. ADULT SOCIAL CARE FINANCIAL RECOVERY PLAN 2018-19

The Chairman introduced the report, which provided the Committee with an update on the 2018/19 adult social care budget position, delivery of existing medium term financial strategy (MTFS) savings, the additional budget pressures and the status of actions agreed to recover against these. It also included a risk assessment of the recovery plan.

It was noted that there was a typo in the printed agenda on page 54, section 1.7 and that the final sentence should read in full;

‘It is important to note that the £3.6m value of these recovery actions is in addition to significant savings being delivered.’

The Chairman requested that regular updates on the Financial Recovery Plan be brought back to the Adults and Safeguarding Committee and it was agreed that this would include the salient points requested within the Members Item, including a risk

assessment of freezing staff posts and the impacts on service delivery and safeguarding issues, as well as any further information on Mosaic.

Following the consideration of the report, the Chairman MOVED to the vote on the recommendations set out in the report.

It was RESOLVED that;

That the Adults and Safeguarding Committee notes the work carried out by Barnet's adult social care services to prepare for and respond to additional demand over winter.

11. COMMITTEE FORWARD WORK PROGRAMME

Members considered the Forward Work Programme as set out in the report.

Officers noted that the agenda for 26 November 2018 would also include an update to the Financial Recovery Plan as requested by the Chairman, as well as the Annual Safeguarding Report and the Annual Complaints Report. It was therefore agreed that the item still to be allocated, the Extra Care Benchmarking Report, would go to a future meeting.

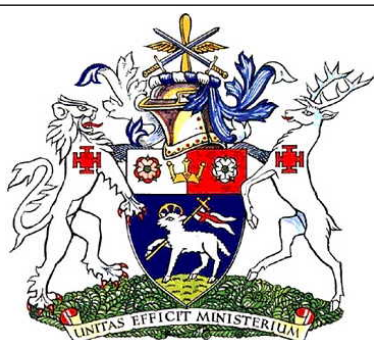
It was RESOLVED that the Committee note the Forward Work Programme, with the additions as noted above.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 9pm.

AGENDA ITEM 7



Adults and Safeguarding Committee 26th November 2018

Title	Barnet Multi-Agency Safeguarding Adults Board Annual Report 2017-18
Report of	Councillor Sachin Rajput – Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A: Safeguarding Adults Board Annual Report 2017-18
Officer Contact Details	Emma Coles, Safeguarding Adults Board Business Manager e-mail: emma.coles@barnet.gov.uk Tel: 0208-359 5737

Summary

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

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

The Care Act 2014 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. Due to the important multi-agency arrangements and the role of health, the Board's Annual Report is also noted by the Health and Wellbeing Board, as well as each partner's executive Board. The report documents the work of the Safeguarding Adults Board in 2017-18. 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 2017-18.

Recommendations

- 1. That the Adults and Safeguarding Committee comment on the Safeguarding Adults Board Annual Report 2017-18**
- 2. That the Committee note that following the Adults and Safeguarding Committee meeting on 26th November 2018, the Annual Report will be published on the Council website.**

1. WHY THIS REPORT IS NEEDED

Background

- 1.1 The Care Act 2014 (the Act)¹ placed adult safeguarding on a statutory footing. Council safeguarding obligations were previously set out in statutory 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.
- 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. The BSAB refer to the strategic plan as the business plan.
- 1.7 The BSAB must 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 adult Safeguarding work carried out by the Board and partners from 1st April 2017 to 31st March 2018. The report outlines membership of the Board, analysis of safeguarding alerts received 2017-18, work of partner agencies and work plan progress.

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

- 1.9 During 2017-18 the BSAB commissioned a review into two cases where there were opportunities for learning. Whilst steps have been taken to improve practice in many areas already, the reports, recommendations and actions taken by agencies will be made available in 2018-19. In addition, Barnet SAB continues to work closely with safeguarding leads on a national and regional basis to ensure that our strategies, policy and practice guidance is modelled on best practice arising from all relevant Safeguarding Adults Reviews (SAR) findings and research.
- 1.10 This annual report concludes the business plan 2016-18 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.
- 1.11 1,675 Safeguarding Adult concerns were raised in Barnet in 2017/18, an increase of almost two-thirds compared to the total recorded in 2016/17 (1,043). It is also worth noting that 2016/17 saw a decrease in concerns compared to the previous year. More work is required to understand fully the reason for the increase in 2017/18. However, initial analysis suggests that it may result from increased knowledge and understanding among health, care and other public service staff (as a result of training, policy development and awareness raising), coupled with continued public awareness raising. It is also linked to multiple referrals of some individuals.
- 1.12 The highest number of safeguarding concerns were raised from those categorised as 'Agency' (45% of the total concerns raised). The term 'Agency' includes organisations such as the NHS, Police and Council adult social care. Of the Agency concerns, the majority were raised by the NHS (59% of the 755 concerns raised by 'Agency'). Paid care staff raised the second highest number of concerns (31% of the total concerns raised). Again, it is thought that these two categories of reporters raise the most concerns as a result of their training, the nature of their work and organisational policies.
- 1.13 Progress against the SAB priorities:
- 1.13.1 **Making Safeguarding Personal**
- IT and recording systems have been updated to prompt person-centred, outcomes focused working in line with Making Safeguarding Personal. Making Safeguarding Personal forms part of the national statutory guidance and requires those undertaking safeguarding enquiries to ensure that the desired outcomes of the adult at risk are at the centre of the enquiry. The achievement of outcomes is now measured and reported. Cases are now defined by whether the risk remains or is reduced and whether action was taken to support the individual.
- There is now multi-agency staff guidance for working with people who self-neglect and hoard, which was launched at a multi-agency conference. Staff are supported with complex case work through a range of mechanisms such as the multi-agency risk panel and a Mental Capacity Act Surgery which provides expert advice in conducting complex assessments.
- 1.13.2 **Adult Multi-Agency Safeguarding Hub**
- During 2017 the BSAB led on the development of a business case to establish a multi-agency safeguarding hub, so that professionals from

across partner organisations could work more efficiently and effectively to identify and respond to safeguarding concerns.

An options paper was considered by the SAB in October 2017 who endorsed a co-located model with the Barnet Children's MASH, with both physical and virtual involvement from partners. The MASH is now being developed and will go live in 2019 when the council moves into the new Colindale office.

1.13.3 Access to Justice

Bespoke Barnet police Disability Hate Crime training was delivered to all Barnet officers in 2017. Barnet police now records the highest number of disability hate crime offences in London as a result of increased awareness (compared to only 1 recorded offence in 2014). Rates of recording have increased over time: for example from 2012 to 2015 there were 16 reported disability hate crimes in Barnet. In 2016 there were 37 and in 2017 there were 49 reported disability hate crimes. Prosecutions are still low but this is often due to evidential difficulties rather than a lack of police willingness to support.

Barnet has identified nine Hate Crime Reporting Centres are spread across the borough: Barnet Homes; Your Choice Barnet; Barnet Mencap; Inclusion Barnet; Community Barnet; GALOP; Hft; Homeless Action Barnet; Community Security Trust.

1.13.4 Pressure Ulcers

Whilst not all pressure ulcers are an indicator of poor care or neglect, some are. In these instances, it is important that the correct response is implemented by agencies to ensure that adults are supported appropriately. The BSAB adopted a multi-agency pressure ulcer protocol to improve the multi-agency response to pressure ulcers.

It provides guidance to staff across health and social care provision on what constitutes appropriate responses to pressure ulcer care and whether concerns need to be referred as a safeguarding concern. The implementation of the protocol saw a reduction in the number of referrals from CLCH. This has meant that safeguarding enquiries are now better focused on those situations that may indicate abuse or neglect.

1.13.5 Domestic Abuse

The Safer Communities Partnership Board, Health and Wellbeing Board and the BSAB worked together to enable the delivery of the Identification and Referral to Improve Safety (IRIS) Programme in Barnet across 25 GP Practices and Primary Care Health practitioners.

The programme focusses on how to recognise patients who are experiencing or have experienced domestic abuse (DA) and how to respond, refer and record disclosures. The model promotes clinical enquiry, recognition of risk indicators, safety planning and holistic care for all patients including children, perpetrators and male victims. The training also includes a separate session for reception/administrative teams in GP Practices which focusses on understanding DA, responding to patients, resource provision, confidentiality and safety. The project started February 2018.

- 1.14 In 2017-2018 the Board agreed to a review of governance arrangements, as a result the membership of the BSAB and its sub-committee structure and membership was refreshed and new terms of reference put in place. Each sub-

committee has been reconsidered to ensure it supports the strategic operation of the SAB and delivers against statutory responsibilities and agreed priorities.

- 1.15 As part of this review the BSAB approved its first Constitution in March 2018. The Constitution supports the BSAB's aim to provide an effective mechanism to co-ordinate services to safeguard and promote the welfare of adults as defined within The Care Act 2014 and Statutory Guidance. The BSAB is dedicated to maintaining the balance between personal choice and well-being, supporting individuals to make informed decisions.
- 1.16 The Constitution outlines how the SAB will receive assurance on the safeguarding arrangements of and between individual agencies, identify good practice and highlight any inter-agency shortcomings. Where areas of improvement are identified, the BSAB will facilitate remedial actions. Where improvement is not made the BSAB will work within the regulatory framework to manage the impact to adults at risk of harm and 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 a Strategic Plan as a statutory requirement.

4 POST DECISION IMPLEMENTATION

- 4.1.1 The Barnet Safeguarding Adults Board Strategic 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 15th November 2018 as well as by each partner agency's 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

5.1.1 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 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 Adults safeguarding training is currently provided by the Council's social care service and this training is mandatory for all adult social care staff. Adult safeguarding training is also offered to all care providers commissioned by the Council and the provision is covered within the council's adult social care budgets.

5.2.3 The current annual budget for the BSAB is £95,500, which covers the post of Independent Chair and Safeguarding Adults Board 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 2018/19

Statutory Partner	Contribution
London Borough of Barnet	£60,000
Barnet Clinical Commissioning Group	£20,000
Barnet Enfield Haringey Mental Health Trust	£5,000
Metropolitan Police	£5,000
Central London Community Health NHS 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)² places on a statutory footing some of the safeguarding obligations that were previously located in guidance. The Act requires each local authority to establish a Local Safeguarding Adult Board (SAB) for their area pursuant to Section 43(1).
- 5.4.2 For each financial year, the SAB must publish an annual report in accordance with Schedule 2 of the Act. The plan will be published on the Council's website.
- 5.4.2 The Adults and Safeguarding Committee's powers are contained within the Council's Constitution in Article 7 and the Committee's actions are within its remit. These powers specifically include:
- Responsibility for all matters relating to vulnerable adults, adult social care and leisure services
 - Work 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

5.4 Risk Management

- 5.4.3 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.

5.5 Equalities and Diversity

- 5.5.3 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.
- 5.5.4 Section 149 of the Act imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard to the need to:
- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act

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

- 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

5.5.5 The annual report provides progress against the business plan 2016 - 2018 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.

5.5.6 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

5.5.7 2017-18 saw an increase in safeguarding concerns of 539 compared to 2016/17. Of these, more than three quarters of the increase related to adults who were over 65 years old. The breakdown by age is shown in the table below. There were marked increases in the 75-84 and 85-94 age bands.

Total individuals involved in Safeguarding Concerns by age band							
	18-64	65-74	75-84	85-94	95+	Not known	Total
Barnet 2016-17	295	130	180	240	80	15	940
Barnet 2017-18	419	196	332	423	107	2	1479
2016-17 - 2017-18 Difference (no.)	124	66	152	183	27	-13	539
2016-17 - 2017-18 Difference (%)	42%	51%	84%	76%	34%	-87%	57%
Proportion of individuals involved in Safeguarding Concerns by age band							
	18-64	65-74	75-84	85-94	95+	Not known	Total
Barnet 2017-18	28%	13%	22%	29%	7%	0%	100%
*National 2016-17	39%	12%	21%	22%	4%	1%	100%

**National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)*

5.6.8 There is a greater proportion of those aged 85-94 years old, who were the subject of a safeguarding concern in Barnet (29%), than the national average in 2016-17 (22%).

5.6.9 This difference between local and national data is reflective of the older age profile of Barnet residents, and is marginally higher than the proportion of people using adult social care services in the Borough (including the number of care homes).

5.6.10 61% of those individuals referred were women and 39% referred were men. This is a similar pattern to last year and is largely in line with the most recently available national statistics. In Barnet women were very slightly over-represented by approximately three percent.

Individuals Involved in Safeguarding Concerns by gender					
	Female no.	Male no.	Total	Female %	Male %
Barnet 2016-17*	585	345	930	63%	37%
Barnet 2017-18	902	577	1479	61%	39%
Individuals Involved in Section 42 enquiries by gender					
Barnet 2016-17*	140	100	240	58%	42%
Barnet 2017-18	334	224	558	60%	40%

**Please note: recorded entries for gender were missing in 15 cases in 2016-17*

5.6 Corporate Parenting

5.7.1 The report will have no negative impact on looked after children or care leavers. 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 and would therefore have a positive impact on any care leavers who are adults at risk.

5.8 Consultation and Engagement

5.8.1 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.

5.8.2 The SAB has to report on its work to elected members via the Adults and Safeguarding Committee and 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.

5.9 Insight

5.9.1 The annual report was developed using insight from the Local Authority Mosaic system and contributions from the SAB partners.

6 BACKGROUND PAPERS

7

- 6.1 [Barnet Safeguarding Adults Board Annual Report 2016-17 – Adults and Safeguarding Committee 19th September 2017 – Item 7 Barnet Safeguarding Adults Board Annual Report 2016/17](#)
- 6.2 [Barnet Safeguarding Adults Board Annual Report 2015-16 – Adults and Safeguarding Committee 19th September 2016 – Item 8 Barnet Safeguarding Adults Board Annual Report 2015/16](#)
- 6.3 [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](#)
- 6.4 [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](#)
- 6.5 The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents
- 6.6 The Care Act 2014 – Schedule 2 - www.legislation.gov.uk/ukpga/2014/23/schedule/2
- 6.7 The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents
- 6.8 [Safeguarding Adults Board Constitution](#)

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Barnet Safeguarding Adults Board Annual Report 2017-18



Barnet Clinical Commissioning Group 

Royal Free London  Barnet, Enfield and Haringey  Central London Community Healthcare 
NHS Foundation Trust Mental Health NHS Trust NHS Trust

Barnet & Hammersmith and Fulham & Kensington & Chelsea & Westminster



Foreword from the Independent Chair Fiona Bateman



I am very pleased to have the opportunity to introduce this report to all those interested in the work of Barnet Safeguarding Adults Board ['SAB' or 'Board']. I hope you will agree there is much of interest and value within it. The report details some of the Board's key achievements during 2017-18 and also seeks to set out how these link to national agenda and our future plans. You will read how contributions from partners; service users and Barnet residents demonstrate better than my words can why it is that partnership working offers the most effective model for protecting adults at risk of abuse and neglect.

I was appointed in January 2018 and was immediately impressed by the passion of frontline staff and strategic leaders to improving services for adults at risk of abuse, exploitation or neglect in Barnet. In the short time, I have been in post, partners have shown their commitment for good governance and innovation; rising to the challenge of high expectations to meet our joint corporate legal responsibilities and moral obligations to adults at risk in Barnet.

Mindful that partners operate in times of unprecedented levels of financial restraints and organisational changes, I wanted to take this opportunity to thank those who have committed resources or directly contributed to the work of the SAB, our subgroups and initiatives. Without this level of commitment, it would be impossible to carry out many of the functions of the SAB; functions which are devised to offer real constructive challenge about how local services, (be that statutory, voluntary or community groups) work to provide safe, effective care to adults in need and support to their carers. Equally the quality assurance functions of case review, multi-agency auditing and measuring policy implementation allows the SAB to better understand if partners are responding in line with adult protection obligations. I would particularly like to thank those who actively participate in our service users' forum. I am looking forward to working with the group to develop a better understanding of how we can use their expertise though experience to shape

our responses to emerging issues. I would encourage anyone who is interested in this work to get in touch with me or our safeguarding board manager as we always welcome involvement, particularly from community groups.

I would also like to pay tribute to the hard work and dedication of Joanna Georgiades, our Board manager, who is moving on in August 2018 but has been a huge support to me; efficiently coordinating the many groups, meetings and projects that the Board oversees.

Finally, to all those members of the public, frontline staff and volunteers who have attended training sessions or taken time privately to develop a better understanding of their role in safeguarding adults from harm. It is so important that professionals working within partner agencies understand the risks and respond effectively when an adult is facing abuse or neglect, but we must also work in partnership with the public. I would like to therefore take this opportunity to recognise the positive impact of countless volunteers and carers without whom many more adults would experience abuse or neglect. I also want to express heartfelt thanks those who responded to the appeal that “**Safeguarding is everyone’s responsibility**” by raising a concern about an adult at risk. Without such vigilance and courage to report many cases would not have come to light and, I have no doubt, many more people would have experienced abuse and neglect.

A handwritten signature in black ink, appearing to read 'Fiona Bateman', with a stylized, flowing script.

Fiona Bateman

Independent Chair of Barnet Safeguarding Adults Board

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Introduction

Barnet Safeguarding Adults Board (SAB) is a multi-agency group that meets quarterly. Established in 2002 it became a statutory body under the Care Act 2014 (The Care Act). It was established to co-ordinate the strategic development of adult safeguarding across Barnet and ensure the effectiveness of work undertaken by partner agencies in the area.

The core duties of the SAB are set out in Chapter 14 of the Care Act Statutory Guidance, issued under s.78 of the Care Act 2014 which requires the Board to: -

1. Publish a Strategic Plan for each financial year detailing how it will meet its main objective and what Members will do to achieve this;
2. Publish an Annual Report detailing what the Board has done during the year to achieve its objectives and implement its Strategic Plan and what Members have done to implement the Strategy.
3. Conduct any Safeguarding Adults Review in accordance with S44 of the Care Act 2014.

The SAB has 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.

Barnet Safeguarding Adults Board: our vision and principles

Barnet SAB Constitution and Review of Corporate Governance

In 2017-2018 the Board agreed to a review of governance arrangements, as a result the membership of the SAB and its sub-committee structure and membership was refreshed and new terms of reference put in place. Each committee has been reconsidered to ensure it supports the strategic operation of the SAB and is clearly defined to deliver against statutory responsibilities and agreed priorities.

As part of this review the SAB approved its first Constitution in March 2018. The Constitution supports the SAB's aim to provide an effective mechanism to co-ordinate services to safeguard and promote the welfare of adults as defined within The Care Act and Statutory Guidance. The SAB is dedicated to

maintaining the balance between personal choice and well-being, supporting individuals to make informed decisions.

The Constitution outlines how the SAB through a strong quality assurance framework, will receive assurance on the safeguarding arrangements of and between individual agencies, identify good practice and highlight any inter-agency shortcomings. Where areas of improvement are identified, the SAB will facilitate remedial actions. Where improvement is not made the SAB will work within the regulatory framework to manage the impact to adults at risk of harm and abuse.

Barnet SAB Strategy 2018-21

To ensure that the Boards work could be carefully directed, with evidence based strategic priorities, a six-week online public and professional consultation was launched in partnership with Camden, Islington, and Haringey Safeguarding Adults Boards.

The results provided the basis for discussion of a multi-agency Board event which took place on January 18, 2018 where the Boards objectives and priorities for 2018-21 were agreed. The final Barnet SAB Strategy was approved on the March 28, 2018 meeting of the Board and is available at:

www.barnet.gov.uk/safeguarding-adults-board

Safeguarding Adults Reviews (SARs)

Under the Care Act 2014, SABs are responsible for arranging safeguarding adult reviews (SARs), each member of the SAB

is required to co-operate and contribute to the carrying out of a SAR with a view to:

- Identifying the lessons to be learnt from the adult's case, and
- Applying those lessons to future cases.

Each SAR seeks to determine what relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death.

Information is provided from across relevant agencies, but the process must also carefully consider how best to involve those affected, including family members, so that the SAB has a full picture of events.

The purpose is not to attribute blame to any individual or organisation, but rather understand what, if any, barriers prevented effective action from protecting the adult and what needs to be done to improve future practice to prevent harm to other adults at risk of similar abuse, exploitation or neglect.

A core SAB responsibility is the promotion of effective learning and improvement actions to prevent future deaths or serious harm occurring to adults at risk of abuse, neglect or exploitation. In 2017-18 the SAB reviewed its process for receiving, reviewing and agreeing to commission a SAR. This was done to ensure that referrals were objectively considered in a timely, robust manner and that appropriate mechanisms

were in place to oversee any review, publish and disseminate learning and hold agencies to account for improvements.

Partners, by signing up to the new framework, have demonstrated their collective and individual organisations' commitment to ensuring recommendations for improvement to practice are implemented and positively impact on service delivery.

During 2017-18 the SAB commissioned a review into two cases where there were opportunities for learning. Whilst steps have been taken to improve practice in many areas already, the reports, recommendations and actions taken by agencies will be made available in 2018-19. In addition, Barnet SAB continues to work closely with safeguarding leads on a national and regional basis to ensure that our strategies, policy and practice guidance is modelled on best practice arising from all relevant SAR findings and research.

Population profile

The Barnet Joint Needs Strategic Assessment (JNSA) predicted that the Barnet population would be 389,400 by the end of 2017, estimating a population growth of another 19% by the 2032. The 65 years and over group is predicted to rise by 47% during this period.

Barnet looks to become increasingly diverse with an increase in the Black, Asian and Minority Ethnic population estimated to

increase by 4% by 2032. Christianity is recorded as the largest faith in Barnet followed by Judaism.

Social care provision in Barnet

Barnet had 159 social care providers registered with the Care Quality Commission (CQC) at the time of writing this report. 69 of which primarily provide domiciliary care, 67 care home services without nursing, 20 with nursing and 17 supported living providers. There are approximately 1116 nursing home beds, and 1442 residential care beds.

At the time of writing 33 organisations providing care and support were rated by the CQC as requiring improvement, and 2 were rated as inadequate. The SAB's Performance and Quality Assurance sub-committee will continue to carefully scrutinise both quantitative and qualitative data reports to ensure that staff from across private and public bodies are working effectively together to identify and respond to safeguarding concerns.

The Care Quality Team has worked closely with over 70 care homes and supported living providers as well as over 20 homecare providers across Barnet to support the improvement of quality and assure that residents are safe and receiving a quality service. 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 and lead on the provider concerns process to ensure successful outcomes are achieved.

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.

The team has supported a number of underperforming care homes to improve their practice, reduce the number of safeguarding concerns and improve the quality of life for people in these homes. The team has also supported 4 underperforming homecare providers to improve the quality and safety of their services, as recognised by their improved CQC inspection.

The Team also offers a variety of engagement events for providers, including practice forums and workshops, and is currently delivering 'Significant 7' training to care homes across Barnet. This training helps care workers to spot the earliest signs of deterioration and respond to them quicker, reducing escalation of issues and improving quality of care for residents. The 7 areas the training focusses on are identifying signs of confusion, mood, pain, hydration, skin, breathing and toilet.

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

Barnet safeguarding adults' statistics

Safeguarding is defined as:

*'Protecting an adult's right to live in safety, free from abuse and neglect.'*¹

Adult safeguarding is preventing and responding to concerns of abuse, exploitation or neglect of any adult who is experiencing or at risk of harm and who is in need of care and support, regardless of whether they are receiving statutory health and social care support services.

Safeguarding is everybody's responsibility. This means that everyone, including members of the public should understand how to raise a concern if they are worried about an adult at risk.

However, professionals working within the SAB partnership and anyone caring for or supporting an adult at risk have additional responsibilities, linked to their duty of care and professional standards to identify a safeguarding risk and respond effectively. As part of our commitment to embedding the making safeguarding personal principles, SAB partners are committed to ensure interventions are shaped by the adult at risk, 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.

Adults in need of safeguarding may be:

- An older person.
- A person with a physical disability, a learning disability or a sensory impairment.
- Someone with mental health needs, including dementia or a personality disorder.
- A person with a long-term health condition.
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

There are various reasons why someone may become at risk of abuse or neglect, e.g. those experiencing mental or physical health needs may be intentional or unintentionally maltreated. Likewise, research by the Home Office identified those who become socially isolated, perhaps because of deteriorating health conditions or bereavement, find themselves more vulnerable to opportunistic criminal activity; the consequence of which has been demonstrated to impact directly on their longer-term physical health, in many cases shortening their life.

We know, reported within the JNSA, that the highest number of referrals into Adults Social Care are from secondary health care teams, and that there has been a shift toward providing adult social care services within the home setting. This is in line with

improvements to delivering choice and control to individuals, but as delivering services in the home may compound feeling of isolation, it is important that care plans address through preventative measures, any safeguarding risk. In Barnet, isolation is more prominent in elderly women who live alone, particularly for those in areas of higher affluence and lower population density.

Barnet has a higher population of people living with dementia than the most boroughs, with the highest number of care homes registered for dementia per 100 population aged 65 and over. This is expected to increase in Barnet at a higher rate compared to the London wide figure at 24%.

According to the 2011 census there were 32,256 residents who identified themselves as carers in Barnet, the largest proportion of which were aged between 25-49-year-old age group. Demand for carers is projected to grow reflecting the increase in life expectancy and people living with disability.

How many safeguarding concerns did we receive?

1,675 Safeguarding Adult concerns were raised in Barnet in 2017/18, an increase of almost two-thirds compared to the total recorded in 2016/17 (1,043). It is also worth noting that 2016/17 saw a decrease in concerns compared to the previous year. More work is required to understand fully the reason for the increase. However, initial analysis suggests that it may result from increased knowledge and understanding among health, care and other public service staff (as a result of training, policy development and awareness raising), coupled with continued public awareness raising. It is also linked to multiple referrals of some individuals.

Figure 1: Number of Safeguarding Concerns referred to Barnet Adult Social Care



Who raised the safeguarding concerns?

The highest number of safeguarding concerns were raised from those categorised as 'Agency' (45% of the total concerns raised). The term 'Agency' includes organisations such as the NHS, Police and Council adult social care. Of the Agency concerns, the majority were raised by the NHS (59% of the 755 concerns raised by 'Agency'). Paid care staff raised the

second highest number of concerns (31% of the total concerns raised). Again, it is thought that these two categories report the most concerns as a result of their training and organisational policies.

Note: the miscellaneous category includes other organisations such as housing associations and other council services.

Source of Referral	No	%
Self-Referral	14	0%
Anonymous	17	0%
Family or Friend	138	10%
Paid Care Staff	515	31%
Agency	755	45%
Miscellaneous	206	12%
Not Known	30	2%
Total	1675	100%

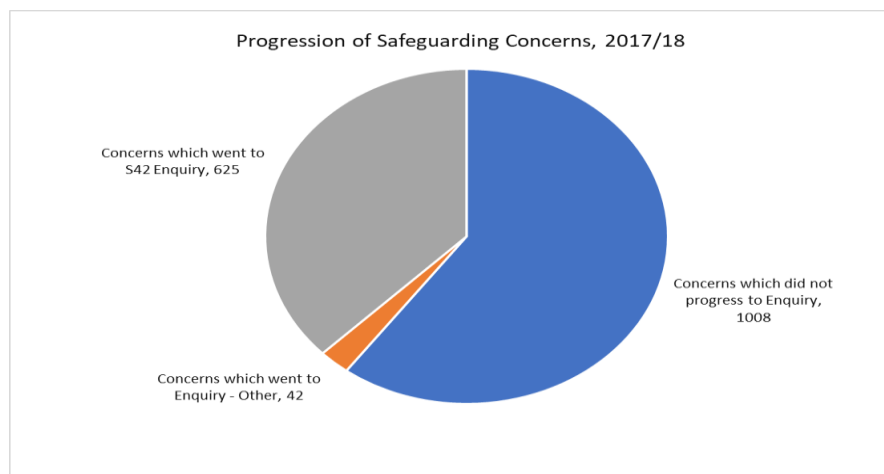
How many concerns progressed to an investigation?

Not all concerns indicate a risk of abuse to an adult. They can instead indicate a need for increased care and support or other help. However, where abuse is suspected, concerns are referred for an investigation according to the London multi-agency safeguarding procedures. Note: investigations are called an enquiry under the Care Act 2014.

Of the 1,675 safeguarding concerns in 2017/18, 667 proceeded to an enquiry. This represents a concern-to-enquiry conversion rate of 40%. This compares with a conversion rate of 28% in 2016/17 and of 40% in 2015/16 when the Care Act was first introduced.

The following table provides a breakdown of the number of concerns and enquiries over the last few years. There is not a single reason for the increase in the conversion rate in 2017/18 and more work will be done to understand this. The overall increase in concerns could be a factor; as could the impact of training and policy development on improving the accuracy of how professionals use safeguarding procedures. It should be noted that there is a lack of national data and research about the underlying levels of abuse and neglect in the community, but the increase in conversion rates does not necessarily indicate an increase in prevalence of abuse and neglect.

Year	No. of safeguarding concerns	No. safeguarding enquiries	% Concern to enquiry conversion	No. concerns which did not progress
2012/13	612	424	69%	188
2013/14	565	406	72%	159
2014/15	764	487	64%	277
2015/16	1215	481	40%	734
2016/17	1043	295	28%	748
2017/18	1675	667	40%	1008



Individuals involved in safeguarding concerns

The 1,675 concerns related to 1,479 individuals. Some adults were referred more than once.

Safeguarding concerns by gender

61% of those individuals referred were women and 39% referred were men. This is a similar pattern to last year and is largely in line with the most recently available national statistics. In Barnet women were very slightly over-represented by approximately three percent.

Individuals Involved in Safeguarding Concerns by gender					
	Female no.	Male no.	Total	Female %	Male %
Barnet 2016-17*	585	345	930	63%	37%
Barnet 2017-18	902	577	1479	61%	39%

Individuals Involved in Section 42 enquiries by gender					
Barnet 2016-17*	140	100	240	58%	42%
Barnet 2017-18	334	224	558	60%	40%

**Please note: recorded entries for gender were missing in 15 cases in 2016-17*

Safeguarding concerns by age

2017-18 saw an increase in safeguarding concerns of 539 compared to 2016/17. Of these, more than three quarters of the increase related to adults who were over 65 years old. The breakdown by age is shown in the table below. There were marked increases in the 75-84 and 85-94 age bands.

Total individuals involved in Safeguarding Concerns by age band							
	18-64	65-74	75-84	85-94	95+	Not known	Total
Barnet 2016-17	295	130	180	240	80	15	940
Barnet 2017-18	419	196	332	423	107	2	1479
2016-17 - 2017-18 Difference (no.)	124	66	152	183	27	-13	539
2016-17 - 2017-18 Difference (%)	42%	51%	84%	76%	34%	-87%	57%
Proportion of individuals involved in Safeguarding Concerns by age band							
	18-64	65-74	75-84	85-94	95+	Not known	Total
Barnet 2017-18	28%	13%	22%	29%	7%	0%	100%
*National 2016-17	39%	12%	21%	22%	4%	1%	100%

**National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)* There is a greater proportion of those aged 85-94

years old, who were the subject of a safeguarding concern in Barnet (29%), than the national average in 2016-17 (22%).

This difference between local and national data is reflective of the older age profile of Barnet residents, and is marginally higher than the proportion of people using adult social care services in the Borough (including the number of care homes)

Safeguarding concerns by ethnic origin

66% of the people subject to a safeguarding concern in Barnet were described as 'white', lower than the national average of 81%. The proportion of adults described as Asian / Asian British also represent a higher percentage than the national average.

There was an increase of 51 Black African Caribbean or Black British adults, compared to fifty recorded in the previous year. This is a very small increase relative to the overall numbers of people referred, and no statistical inferences should be drawn.

Total individuals Involved in Safeguarding Concerns by ethnic origin								
	Asian / Asian British	Black / African / Carib / British	Mixed / Multiple	Other	Refused	Not Known	White	Grand Total
Barnet 2016-17	95	50	20	25	10	120	620	940
Barnet 2017-18	116	101	26	59	0	125	105 2	147 9
Proportion of individuals Involved in Safeguarding Concerns by ethnic origin								
Barnet 2017-18	10%	5%	2%	3%	1%	13%	66%	100 %
*National 2016-17	3%	3%	1%	1%	0%	11%	81%	100 %

* *National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)

Please note: Examples of the 'Other' ethic category may include the following groups: Afghan, Arab Other, Egyptian, Filipino, Iranian, Iraqi, Japanese, Korean, Kurdish, Latin/ South/ Central American, Any Other Ethnic Group, Lebanese, Libyan, Malay, Any Other Ethnic, Moroccan, Polynesian, Thai, Vietnamese, Yemeni.

Safeguarding concerns by primary support reason

The table below provides a breakdown of the safeguarding concerns by reported primary care need. As in previous years, most concerns we receive relate to adults with needs for physical support. This support need also accounted for the majority of the overall increase in safeguarding concerns in 2017/18

There was also a high percentage increase in the number of safeguarding concerns where working age adults with needs for mental health support was the primary support reason.

Total individuals involved in safeguarding concerns by Primary Support Reason									
	Learning Disability Support	Mental Health Support	No Support Reason	Not Known	Physical Support	Sensory Support	Social Support	Support with Memory and Cognition	Grand Total
Barnet 2016-17	115	120	0	60	415	15	40	175	940
Barnet 2017-18	158	229	0	80	823	39	53	97	1479
2016-17 - 17-18 Difference (no.)	43	109	0	20	408	24	13	-78	539
Proportion of individuals involved in safeguarding concerns by Primary Support Reason									

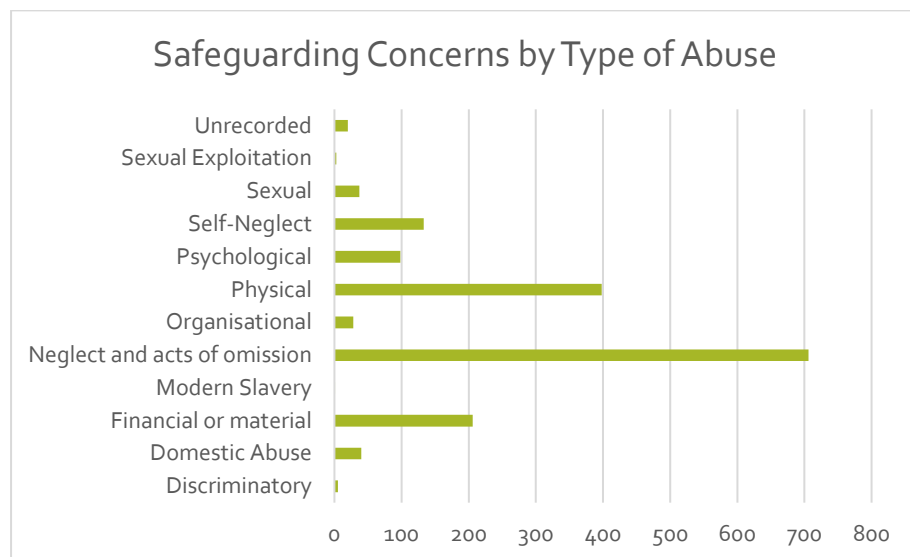
Barnet 2017-18	11%	15%	0%	5%	56%	3%	4%	7%	100%
*National 2016-17	11%	11%	16%	9%	38%	1%	5%	8%	100%

**National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)*

Concerns by type of abuse

The largest number of safeguarding concerns by abuse type in 2017/18 was 'neglect and acts of omission' (42% of the total). 'Physical' abuse was the second highest at 24%. 'Financial or material' abuse represented 12% of concerns and 'self-neglect' 8% of all safeguarding concerns.

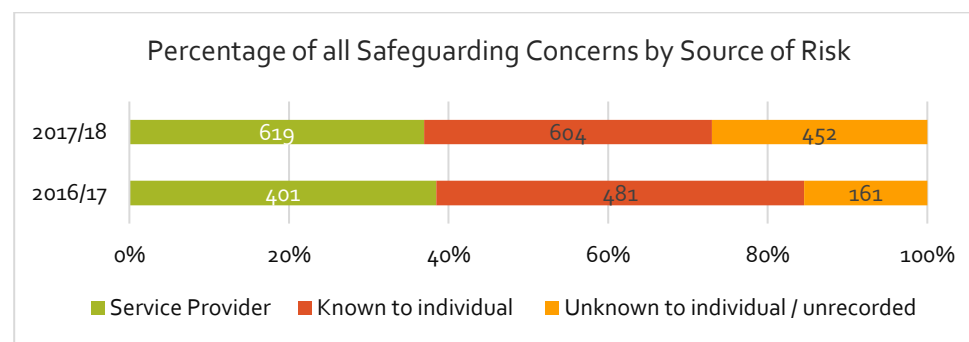
Figure 3: Safeguarding concerns by type of abuse



Safeguarding concerns by source of risk (person or organisation)

Figure 4 illustrates the relationship between the organisation or person who was alleged to have caused the harm and the adult, over a two-year period. The proportion of concerns attributable to each has remained relatively unchanged over this period: for example, 38% percent of all concerns were attributable to service providers in 2016/7 and 37% in 2017/18. There was a decrease in the proportion attributable to 'known to individual' to 36% in 2017/18 from 46% in 2016/7.

Figure 4: Percentage of All Safeguarding Concerns by Source of Risk, 2016/17 - 2017/18



Note: Source of Risk Classifications

Service Provider: this category refers to any individual(s) or organisation paid, contracted or commissioned to provide

social care services, regardless of the funding source. This category can include:

- ☐ *Services organised by the local authority*
- ☐ *Personal budget / direct payment funded services*
- ☐ *Self-arranged services*
- ☐ *Self-funded services*
- ☐ *Residential and nursing homes that offer social care services*

This category excludes health and social care staff or organisations responsible for assessment and care management e.g. CASSRs, NHS Trusts or GPs. These groups would fall into the category of Other.

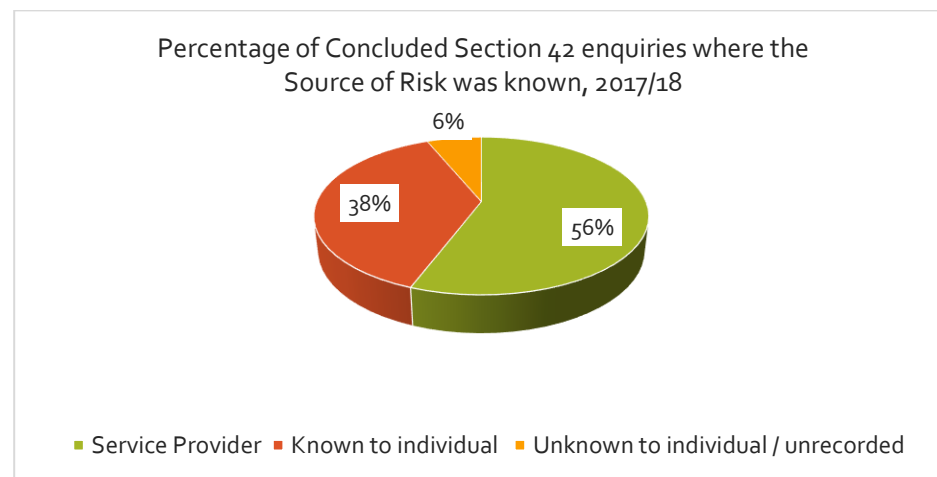
‘Other -Known to Individual’ and ‘Other - Unknown to Individual’

These two categories cover all other sources of risk which are not service provider. The source of risk would be classed as known to individual if the adult at risk knows their name and unknown to the individual if the adult at risk does not know their name.

Where the source of risk has not been identified, for example if no-one knows who stole a purse, this should be categorised as Other - Unknown

However, the proportions attributable to particular agencies change at the enquiry stage, as illustrated in Figure 6. For example, 56% of concluded Section 42 enquiries were attributable to service providers.

Figure 5: Number & Percentage of Concluded Section 42 enquiries by Source of Risk, 2017/18



The person who caused the alleged abuse

2017/18 saw similar patterns to previous years when identifying the person who caused the harm. Paid carer workers were the largest group reported (35%), followed by family /friends (23%). The table below shows the total number of concerns and who the person who allegedly caused the harm.

Relationship to Adult at Risk	Number	% of Total
Agency	51	3%
Friend or Relative	384	23%
Not Known	225	13%
Other	419	25%
Paid Care Staff	583	35%
Unrecorded	13	1%
Total	1675	100%

Where did the abuse occur?

In 2017/18, 32% of cases subject to a concluded Section 42 enquiry took place in the adult at risk's own home. 37% of cases took place in a residential and nursing home setting (19% + 18% in the table below).

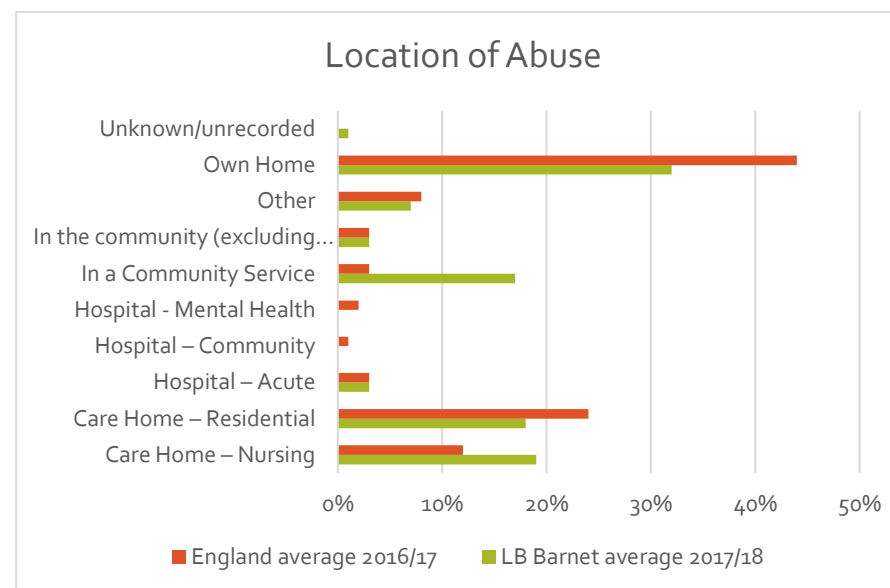
Location of Abuse	LB Barnet average 2017/18	England average 2016/17
Care Home – Nursing	19%	12%
Care Home – Residential	18%	24%
Hospital – Acute	3%	3%
Hospital – Community	0%	1%
Hospital - Mental Health	0%	2%
In a Community Service	17%	3%
In the community (excluding community service)	3%	3%
Other	7%	8%
Own Home	32%	44%
Unknown/unrecorded	1%	n/a
Total	100%	100%

The most recently available national benchmark information from the 2016/17 Safeguarding Adults Collection (SAC) shows that a higher proportion of cases nationally occurred in the home (44%) and in residential care homes (24%).

Concluded Section 42s - Risk Assessment Outcomes	Barnet 2017/18 -	Barnet 2017/18 -	National 2016/17 -
Enquiry ceased at individual's request and no action taken	29	7%	4%
No risk identified and action taken	22	5%	6%
No risk identified and no action taken	41	10%	9%
Assessment inconclusive and action taken	23	5%	6%
Assessment inconclusive and no action taken	9	2%	3%
Risk identified and action taken	286	68%	65%
Risk identified and no action taken	9	2%	6%
Unknown	3	1%	0%
Grand Total	422	100 %	100 %

There was a higher proportion of enquires relating to nursing homes in Barnet (19%), compared to the 2016/17 England average (12%) for concluded Section 42 enquiries.

Figure 6: Location of Abuse



Safeguarding enquiry outcomes

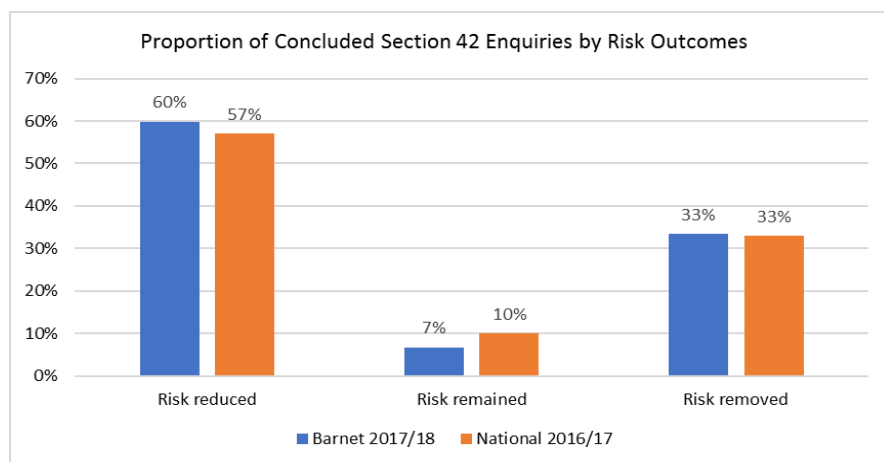
At the time of writing this report 422 of the 667 enquiries had concluded. In 68% of cases, a risk had been identified and action had been taken to reduce that risk. This is slightly higher than the national average. In a very small percentage of cases, risks had been identified but no action had been

taken, e.g. in circumstances where the adult was willing to accept the risk and the risk identified had been very small.

For each case where we have made enquiries we decide if:

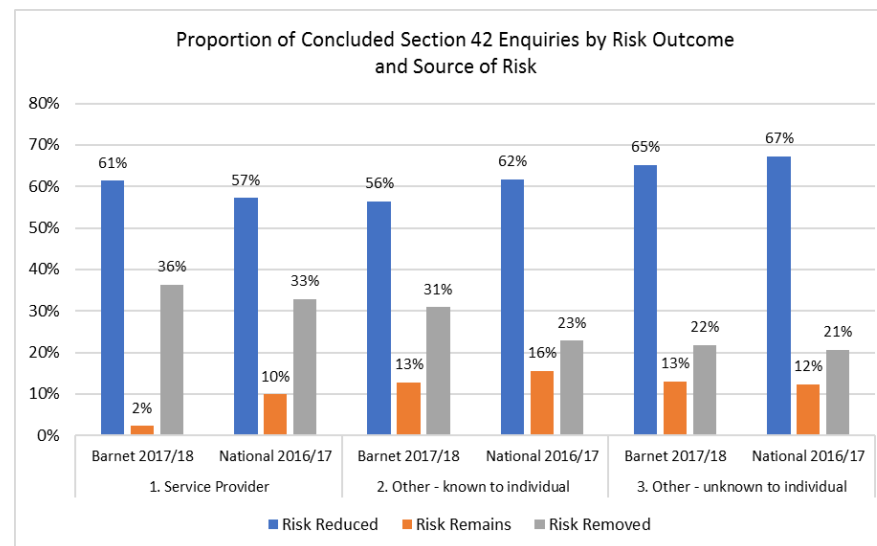
- o The risk is reduced
- o The risk is removed.
- o The risk remains

Figure 7: Proportion of Concluded Section 42 Enquiries by Risk Outcomes



**Please note: in six instances where the outcome was not determined was removed from the Concluded Section 42 eligible total for Barnet in 2017/18, for equivalent comparison with national statistics.*

Figure 8: Proportion of Concluded Section 42 Enquiries by Risk Outcome and Source of Risk



In 2017/18, there were a higher proportion of Concluded Section 42 enquiries for which the risk was reduced where the source of risk was a service provider (61%) than the national average (57%).

Barnet had a lower proportion of enquiries for risk reduced (56%) than the 2016/17 national average (63%) where the source of risk was 'Other – known to the individual'.

Mental Capacity & Advocacy for Concluded Section 42 Enquiries

Where people lack capacity to understand the risks, we ensure they have an advocate to support them.

Age band	18-64	65-74	75-84	85-94	95+	Not Known	Grand Total
Barnet 2016-17: Advocate/Family/Friend	35	0	5	10	0	0	50
Barnet 2016-17: Mental Capacity	55	5	10	10	0	0	80
Barnet 2016-17: Percentage Advocacy	64 %	0%	50 %	100%	n/a	n/a	63%
Barnet 2017-18: Advocate/Family/Friend	31	2	11	17	0	0	61
Barnet 2017-18: Mental Capacity	37	2	11	17	2	0	69
Barnet 2017-18: Percentage Advocacy	76 %	100 %	91 %	94%	0%	n/a	88%

*National 2016-17: Percentage Advocacy	68 %	71%	76 %	77%	76 %	53%	73%
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**National statistic Source: Safeguarding Adults Collection (SAC), Annual Report, England 2016-17 (publication 15.11.17)*

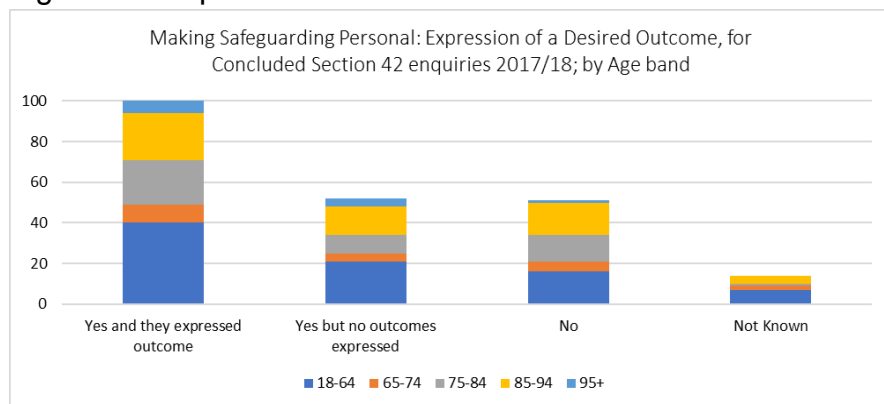
In 88% of recorded cases where a person lacked capacity to make decisions about the risks, the adult was supported by an advocate, family member or friend. In the other 12% of cases this was either not recorded or not appropriate. This compares favourably to the national average recorded in 2016-17 of 73%. It should be noted we are currently in the process of developing this area of recording practice and reporting. Therefore, the findings for 2017-18 should be treated with an element of caution.

What did the adult want from the enquiry?

We will always take it seriously when someone tells us about abuse, but what we do next will depend on what the adult wants to happen. We will talk to the adult to find out their views of the situation, what they think will prevent abuse happening again and what they want to happen next. In some circumstances, the adult might not express any wishes or wish not to do so. We may be unable to ask this question if the adult has, for example, memory loss or other cognitive impairment.

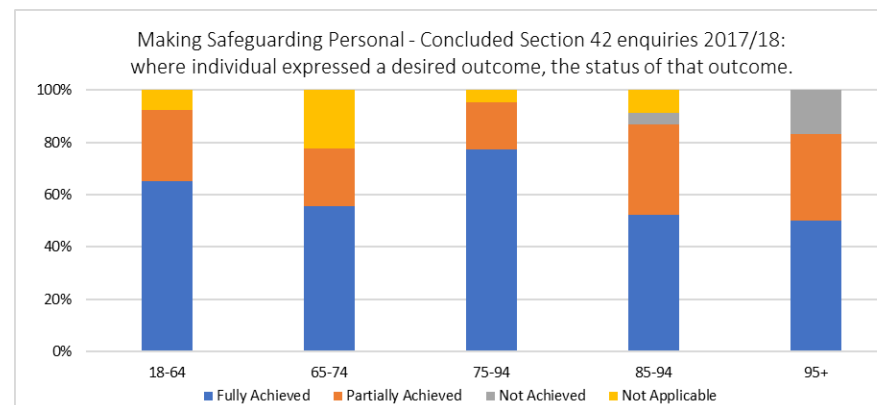
The information below identifies what happened where we have asked people about their desired outcomes and whether they were achieved. Where they have indicated that it was partially achieved, this indicates that some things were met but not others.

Figure 10: Expressed Desired Outcome



In 152 concluded Section 42 enquiries, the individual was asked what they wanted to happen (i.e. to express a desired outcome). 100 adults expressed an outcome and 52 people were asked but did not express an outcome. In a further 51 cases the individual was not asked and in 14 cases this information was recorded as 'not known'. We are working to ensure that all adults at risk are asked to express their desired outcome and that this is recorded. Where this is not possible for reasons of mental capacity, we will also aim to record this clearly.

Figure 11: Making Safeguarding Personal (MSP): Desired Outcome Achieved.



In 90 of the 100 cases for which a desired outcome was expressed, the outcome was either fully or partially achieved (90%). The most recently available national comparative data for 2016/17 show an England average of 95% for this measure. However, it should be noted that this statistic is voluntary and voluntarily-submitted statistics are prone to variance.

The table below shows outcomes achieved broken down by age band. Where it is not possible to meet a desired outcome, we explain the reasons for this. For example, a criminal case could not proceed because there was insufficient evidence.

It should be noted we are currently in the process of developing this area of recording practice and reporting. Therefore, the findings for 2017-18 should be treated with an element of caution. This data remains a non-mandatory

reporting section in the NHS Digital Safeguarding Adults Collection (SAC) statutory return and not all councils report this information.

Sub-committees' of the Barnet SAB

Performance and Quality Assurance sub-committee (PQA) Chaired by Barnet Clinical Commissioning Group

Effective quality assurance drives continuous improvement and is recognised as a critical function of the SAB. The group provides assurance that local safeguarding arrangements are in place and work effectively, and risks and concerns are escalated where this is found to be lacking.

The PQA recently reviewed the information it received and has been working with partners to establish an integrated performance report which includes data from health partners, social care departments (including adult safeguarding and the Deprivation of Liberty's team), commissioners, Public Health, and the Metropolitan Police Service. This information is driving a targeted evidence based approach to assurance with a focus on:

- Understanding whether there are local inequalities in the outcomes for adults at risk.
- The protection of vulnerable adults in police custody.

- Assurance of the monitoring of conditions for those under deprivation of liberty safeguards.
- Understanding the source of safeguarding concerns and conversion to full enquiries.
- Assurance on the decision making for safeguarding concerns where no further action is taken.
- Mental Capacity Act 2005 audits.

Case Review Group (CRG) Chaired by Community Safety

The CRG was established to undertake the statutory duties set out under Section 44 of the Care Act, namely to determine whether to commission a review into a case if an adult at risk within Barnet has suffered serious harm or died as a result of abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult.

The CRG also monitors the recommendations and action plans of partners where a review has taken place, and co-ordinates multi-agency responses. The group considers all referrals to assess the opportunity for learning and reports quarterly to the SAB with recommendations on the commissioning of reviews.

Safeguarding Adults Service User Forum (SASUF) Chaired by London Borough Barnet's Adults and Communities directorate

Our service user forum is a well-established group that meets quarterly. Over the last year the members have supported the SAB in the development of it's easy read materials, and were

active on the consultation for the SAB's strategy for 2018-21. They also supported the partnership in the selection and interviewing process for our Independent Chair, devising a rigorous set of questions and feeding back on responses.

Some of our board partners have attended the forum to present safeguarding case studies and information on what safeguarding is and how to report it.

The Police, Mencap and Inclusion Barnet have facilitated workshops on Hate Crime and Safer Places projects, consulting our service users on the development of materials.

If you would like to become involved with the Service User Forum please email SafeguardingAdultsBoard@Barnet.gov.uk



Photograph from the Service User Forum, presentation on Safer Places 2017

Access to Justice chaired by the London Metropolitan Police Service in Barnet and Barnet Mencap

Co-Chaired by a police inspector and Barnet Mencap this group has been continued with a refreshed Terms of Reference, focusing on securing effective Appropriate Adult provision and ensuring Disability Hate Crime has an effective response locally.

In 2017, police dip sampled 20 Barnet custody cases requiring appropriate adults to support detainees and escalated findings to the SAB. Currently supported by a voluntary scheme there is no formal provision and funding (there no statutory responsibility on any agency) meaning a risk that an appropriate adult may not be available in a timely way which may result in longer waits for support. Measures to recruit more local volunteers were unsuccessful so the SAB has included this priority within its 2018-20 strategy and will continue to seek assurance that provision meets need.

Safeguarding Adults Board progress against business plan priorities 2016-18

The SAB's Strategy and Business Plan ended in March 2018. The sub-committees of the SAB took time to review the business plan and agree what actions were to become the usual business of the Board, what had been completed, and those actions that the SAB would continue to focus on and embed in the 2018-21 Strategy.

Priority 1: Personalisation

Making Safeguarding Personal (MSP) is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information to empower them to do so.

This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves.

The adult should have accessible information so that they can make informed choices about safeguarding: what it means, risks and benefits and possible consequences, with clearly defined options to help support them to make a decision about their safety.

Under MSP the adult is best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Working with the adult to lead and manage the

level of risk that they identify as acceptable creates a culture where: -

- Adults feel more in control
- Adults are empowered and have ownership of the risk
- There is improved effectiveness and resilience in dealing with a situation
- There are better relationships with professionals
- Good information sharing to manage risk, involving all the key stakeholders
- Key elements of the persons quality of life and well-being can be safeguarded

This is being achieved by supporting wider prevention & awareness and including providing accessible information about prevention and wellbeing and where there are safeguarding concerns information about abuse and what happens after you report it.

MSP is embedded in the London safeguarding policy and procedures which have been adopted and used as a framework. This ensures adults are asked what they want to happen at the outset and are involved throughout the safeguarding process.

Adult Social Care recording systems capture the 'conversation with the adult' their understanding of risk and who they want to be involved. Adults are involved in meetings about them and

review the outcomes they have determined. They are supported to manage risks that they wish to take and have mental capacity to understand.

Where adults have difficulty in understanding the situation they are supported in their decision making by an advocate, or an IMCA where they lack Mental Capacity to make decisions about their safety and wellbeing and this results in an accommodation move.

IT and recording systems have been updated to prompt person-centred, outcomes focused working. Cases are now defined by whether the risk remains or is reduced and whether action was taken to support the individual.

There is now multi-agency staff guidance for working with people who self-neglect and hoard, and launched this at a multi-agency conference.

There is an increased emphasis on and confidence in professional judgement, especially around risk and decision-making capacity ensuring effective use of the Mental Capacity Act. Staff are supported with complex case work through a range of mechanisms such as the multi-agency risk panel and a Mental Capacity Act Surgery which provides expert advice in conducting complex assessments.

A case study

Ms B had been prescribed antibiotics for a lump prior to her admission to the Sunshine Care home. Ms B felt that "things were getting worse" and that the lump was getting bigger and hurting. She raised this with staff in the home. Staff in the home didn't listen to Ms B and did not act on her concerns.

Ms B's condition deteriorated (increased temperature, blood pressure, heart rate, respiratory rate and clamminess). The Rapid Response nurse was called, and an ambulance came quickly and a decision was made to send her in to hospital. A Dr in A & E raised a safeguarding concern.

Following a S42 enquiry the home admitted that they had been neglectful and the concern was substantiated. An action plan was developed for the home. Ms B was very involved in the enquiry and was able to define her own outcomes. She wanted an apology and the home to learn lessons from what went wrong.

Ms B was present at all the meetings and had first sight of the minutes which she was able to approve and amend if needed.

The home improved their systems for sharing and recording information between shifts and apologised to Ms B. Ms B and her family said they were very impressed with the social worker involved in the case; they felt listened to and supported.

The Royal Free London NHS Foundation Trust is implementing 'Expect the Best', a quality checking service based within Barnet Mencap. The research project funded by Healthwatch Barnet looked at Phlebotomy services to people with learning disabilities within Barnet.

Overall the quality checkers found that Barnet Hospital demonstrated many examples of implementing reasonable adjustments such as double-booking appointment times, adapting the location for those who may find being in the cubicle difficult or those who find seeing medical equipment difficult and prioritising patients to reduce waiting times.

Priority 2: Adult Multi Agency Safeguarding Hub (MASH)

During 2017 the SAB led on the development of a business case to establish a multi-agency safeguarding hub, so that professionals from across partner organisations could work more efficiently and effectively to identify and respond to safeguarding concerns.

An options paper was considered by the SAB in October 2017 who endorsed a co-located model with the Barnet Children's MASH, with both physical and virtual involvement from partners. The MASH has now moved to the next stage and has become part of the Adult Services Transformation Programme.

A part-time project manager is now in place and progress reports will be received by the SAB.

Barnet Police have agreed existing police resource can be part of the MASH and attend the Project Board to develop this work.

Police officers in the Children's MASH already assess adult Merlin reports and refer them on. Merlin reports are notifications raised to Adult Social Care when a vulnerable adult comes to the notice of the Police.

Priority 3: Access to Justice

Barnet Mencap received funding (via the Council) from the Mayor's Office for Policing and Crime (MOPAC) to coordinate a project on Hate Crime Reporting in Barnet. A hate crime project co-ordinator has been appointed to work with Barnet Community Safety Team to make the reporting of hate crime more accessible to disabled people and other groups who are at risk of under-reporting.

The project aims to:

- increase the ways in which hate crime can be reported;
- improve the support provided for victims of hate crime following the incident and during the reporting process to the police;
- provide feedback and if needed, on-going support to the victim; and
- where appropriate, ensure the correct safeguarding pathways are followed.

From 2012 to 2015 there were 16 reported disability hate crimes in Barnet. In 2016 there were 37 and in 2017 there were 49 reported disability hate crimes. The number of reported

offences has risen, highlighting the need for adequate support for disabled people.

Barnet has identified nine sites within the community which can take reports of hate crime or hate incidents. These nine Hate Crime Reporting Centres are spread across the borough and are: Barnet Homes; Your Choice Barnet; Barnet Mencap; Inclusion Barnet; Community Barnet; GALOP; Hft; Homeless Action Barnet; Community Security Trust.

The project had a number of objectives for 2017-18.

- **Reporting Centres:** To support the Reporting Centres in setting up their reporting procedures, communications (including posters and website) and referrals between appropriate support groups.
- **Staff Training:** To carry out training sessions at each Reporting Centre and its associated groups so that staff (for example housing officers or support workers) can effectively identify hate crime incidents and support members in reporting incidents to the police.
- **Communications and Media Campaign:** To develop and promote the “*Barnet Says No to Hate Crime*” campaign through posters, leaflets and social media.
- **Awareness Raising and Community Workshops:** To connect with community groups, particularly those who are potential targets of hate crime and carry out information and support workshops. Some of the groups that have so far been identified include adults with

physical disabilities, learning disabilities, autism or mental illness.

Bespoke Barnet police Disability Hate Crime training was delivered to all Barnet officers in 2017. Barnet Police now records the highest number of disability hate crime offences in London thanks to increased awareness (compared to only one recorded offence in 2014). Prosecutions are still low but this is often due to evidential difficulties rather than a lack of police willingness to support.

For further information, please contact Barnet Mencap’s Hate Crime Project Co-ordinator at Reshma.Hirani@BarnetMencap.org.uk.

Priority 4: Pressure Ulcers

Pressure ulcers can be an indicator of neglect but skin damage has a number of causes. Poor health, inappropriate or poor care, ineffective multi-disciplinary team working and lack of appropriate resources can all lead to tissue breakdown.

The SAB adopted a multi-agency protocol to support lawful decision making in accordance with expected standards of care.

It provides guidance to staff across health and social care provision on what constitutes appropriate responses to pressure ulcer care and whether concerns need to be referred as a safeguarding concern.

The SAB continues to monitor the effectiveness through regular reporting to the Performance and Quality Assurance sub-committee.

Central London Community Health (CLCH) Safeguarding Team works closely with Barnet Social Services to investigate pressure ulcers under safeguarding by sharing information as well as by ensuring Root Cause Analyses that are completed are shared with social services when necessary.

CLCH have delivered bespoke training sessions to District Nursing teams across the Borough with regards to completing the pressure ulcer protocol (PUP) Holding sessions on mental capacity and the importance of 'unwise decisions' when patients may decline pressure relieving equipment even though there are risks to choosing this.

The Board was assured by a Pressure Ulcer audit to see how CLCH staff were completing the PUP and found that overall, staff had a good understanding of how to complete the form and were also getting better at knowing when to complete the form.

Staff within CLCH are working collaboratively to ensure patients with pressure ulcers, or at risk of pressure ulcers, are seen by appropriate services in a timely manner. For example, staff referring to Tissue Viability Nurses (TVNs) as per CLCH policy, or podiatrists referring to district nurses if/when they see potential risks of pressure ulcers.

At Royal Free London NHS Foundation Trust The Pressure Ulcer Practice and Prevention Initiative (PUPPI) continued through the year to monitor hospital acquired pressure ulcers with the aim to reduce grade 2 hospital acquired pressure ulcers and lead to zero grade 3 and 4 hospital acquired pressure ulcers.

The group celebrated wards who achieved 100 days without a grade 2, 3 or 4 pressure ulcer. The fantastic work showed better

recognition, treatment and reporting of pressure ulcers with a marked deterioration in key areas.

Priority 5: Domestic Abuse

The Police and Community Safety lead on this priority. There has been continued support through the Violence Against Women and Girls multi-agency sub-groups at a strategic and operational level. It remains a priority for the police, and activity in this area is developed and monitored centrally.

Across the partnership staff are trained to identify and respond to cases of domestic violence and are engaged in multi-agency risk arrangements.

The CLCH Safeguarding Team regularly attend the Barnet Multi-Agency Risk Assessment Conference (MARAC) which discusses cases of domestic violence, and readily work with other members of the MARAC to ensure residents are safe and free from abuse.

CLCH delivers a training package to staff which including domestic violence and guidance on how to proceed with cases where patients have disclosed domestic violence, and are supported to contact IDVA services in the Borough so that they can then support patients with this information.

The Domestic Homicide Review process is supported by providing information and chronologies in relation to cases where there was domestic violence where the person was known to CLCH services.

The Westminster Drug Project have rolled out training for all staff within the service to support better awareness. Domestic

Abuse has been embedded into our safeguarding adult's standard operating procedures (SOP), including key contact and referrals routes to local domestic violence services. A MARAC lead has been appointed to strengthen partner working and risk management.

At the Royal Free London NHS Foundation Trust work has continued to be supported by two Independent Domestic & Sexual Violence advisors (IDSVA's) in Barnet Hospital who are instrumental in helping meet the requirement to be compliant with the National Institute for Health and Care guidance on '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 and our referrals continue to rise.

The Mental Capacity Act and Deprivation of Liberty Safeguards 2005 (MCAC/DoLS)

The Mental Capacity Act 2005 (the MCA) was implemented in 2007. Its purpose is to make sure that people are empowered to make their own decisions whenever they can. A person cannot be said to lack capacity until all possible steps to help them take their own decision have been taken without success.

If a person does lack capacity the MCA gives protection for them whilst ensuring they are at the centre of any decision-making process. Any wishes or feelings they either express now or have made known in the past must be considered by those acting on their behalf. All decisions taken will need to be in the person's best interests. Five principles underpin the MCA:

- A person must be assumed to have capacity unless it is established that he or she lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he or she makes an unwise decision.
- An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his or her best interests.

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Traditionally the SAB has taken the lead on monitoring compliance with DoLS procedures because of the need to

ensure that services were being provided in line with processes and services which respected adults' human rights. Failure to comply with these core standards often indicates poor quality care and an increased risk that adults at risk may be experiencing abuse, exploitation or neglect.

Partners have agreed that the focus for the SAB from 2018-21 will be on evidencing MCA obligations are widely understood and applied by the workforce and that adults in need of care and support receive protections and any support offered actively considers human rights, including ensuring the least restrictive options have been fully explored as part of any protective plan.

Our partners continue to support their staff in the understanding and practical implementation of the legislation and statutory guidance. CLCH are an example of this good practice, setting up Safeguarding/MCA surgeries on inpatient bedded units for staff to access advice and support following staff consultation.

The CLCH safeguarding team now attend weekly rounds on the wards at Edgware Community and Finchley Memorial hospital. This promotes discussion around mental capacity and identifying patient who may require a DoLS. Staff are then supported to undertake a mental capacity assessment and complete the DoLS form 1. Additional support has been provided on the newly opened Adams Ward and continue to do so on a weekly basis.

Deprivation of Liberty Safeguards DoLS

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.

As the London Borough of Barnet has a large number of care homes we received one of the highest number of applications for DoLS in London. In 2017/18, we received 1,390 applications for a Deprivation of Liberty Safeguard. This is a similar number to those applications received during 2016/17 (1,420 applications).

Of these 384 applications were granted, 322 of which had conditions. 376 were not granted and 159 were withdrawn. The remaining number of applications are either still in progress or are still to be assessed.

In some circumstances, the deprivation of liberty is authorised as in the persons best interest, but the adult is objecting to their placement. In these situations, their case is taken to the Court of Protection, for them to decide what is in the adult's best interests. We have had 5 such cases in court at the time of writing this report.

What our partners have contributed.

London Borough of Barnet key achievements 2017-18 Prevention and Wellbeing

The Prevention and Wellbeing Team are based in Adults and Communities and support the delivery of Adult Social Care while working closely with health, commissioning, public health, colleagues across the council, the voluntary community sector and the wider community to: -

- Promote independence, physical and mental wellbeing
- Reduce ill health and preventable ill health and disability
- Support and sustain carers
- Support community cohesion, and volunteering
- Develop more preventative resources in our community
- Reduce demand on formal health and social care services

The Team includes Development Officers, a Specialist Dementia Support Team and a Prevention and Wellbeing Coordination Service.

The Development Officers are responsible for engaging with and working collaboratively with our local Voluntary and Community Sector (VCS), leading on the Voluntary Community Sector Forum and working to provide the support residents need and want, while developing more opportunities where gaps are identified. They also lead on raising awareness events to support delivery of the prevention agenda including Carers Week and Silver Week.

Silver Week (1-7 October). Silver Week aims to raise awareness of the valuable contribution that older people make to our communities, promote support services available to older people and their carers and tackle social isolation and loneliness. During Silver Week 2017 there were over 75 activities and events throughout the borough with over 50 organisations supporting the week. Over 1091 people attended these events with over 100 going on to sign up to new activities.

The Specialist Dementia Support Team

The Specialist Dementia Support Team works holistically with adults with dementia and their carers over a period of 4 months to maintain their health and wellbeing and support people to remain in their own homes, and reduce carer stress. The Team offers strengths based assessments and support planning as well as delivering training/ peer support sessions to carers of

adults with dementia and activity sessions to adults with dementia. This is an opportunity to engage with professionals and peers to offer and share tips and discuss issues, while building confidence and has resulted in families reporting that they are better able to maintain their own health and wellbeing and achieve the outcomes they want.

A Case Study

The Team received a referral for Mrs P who has dementia and is being supported by her husband who she lives with and her daughter who lives close by. Mrs P often felt anxious and disorientated and was regularly asking when her parents would be visiting, although they had passed away many years ago. Mrs P stopped wanting to socialise and would get very upset when her husband went out, often calling him up to 15 times over a short period of time. Her husband had reduced going out because she was distressed if he left her.

The Specialist Dementia Support Team built a strong relationship with the family and through attending the group sessions they had a better understanding of how Mrs P's dementia was affecting her. They tried different ways to support her to reduce her anxiety and better look after their own and Mrs P's health and wellbeing. The Team's holistic, strength based approach meant that the whole family received the support they need to achieve positive outcomes including being able to engage in the activities they all enjoyed.

Prevention and Wellbeing Co-ordination

The Prevention and Wellbeing Co-ordination Service works with adults with disabilities, mental health illness, older people and their families and carers to remain independent and maximise their wellbeing working alongside people to achieve outcomes that will help them stay connected to their community and maintain their own health and wellbeing. In addition to this the service works with the local community to develop new resources where there may be gaps and improve the co-ordination of information and advice, recently they have coordinated a new Bollywood dancing group for over 50's in Stonegrove. The Coordination Service is currently running in Edgware, Childs Hill and Oakleigh Wards and developing the online offer for those who access support via the Internet rather than in a physical local community setting.

A Case Study

The Team recently supported Ms X who had been unable to leave her home for over 2 years due to anxiety about her ability to do so safely. Ms X made the decision that she needed to change this and was referred to the Coordination Service by her Social Worker. One of the P&W Coordinators met with Ms X and together they discussed what she wanted to achieve and created a plan to visit a local social group, outlining all the possible risks and thinking about how to react safely to these. They attended the group together successfully for the first time, the second time Ms X's social worker met her at the group, and

the third time Ms X attended herself and has been attending since. By working together Ms X achieved the outcome she wanted to leave her home and regain her confidence, to re-connect to her community and feel less isolated and she is now accessing the community independently.

Our engagement work with people who use services

We held an engagement summit with people who use services to understand what their priorities are and what improvements could be made. One of the priority areas identified was ‘keeping safe in the community’. A working group was established to find out more and look at how we could support people to stay safe. Specific worries expressed were about internet safety, social media, fear of crime and hate crime. The group met on three occasions and the specific aims were to:

- Review current **information** available about scams/hate crime/safety and make recommendations for improvement
- Look at how this information can be **communicated** in a consistent way
- Help to shape the Safeguarding Adults Board **priorities** for the next two years to make sure they reflect these concerns

There were two main areas of recommendations; improvements to our web pages and online information and more strategic recommendations which were reported back to

the SAB as part of a consultation on priorities. The group identified the following priorities: -

- Being able to report abuse easily
- How to deal with peer to peer abuse
- Financial abuse and scams
- Safety on public transport.

Following these recommendations, we have updated our web pages to ensure the range of fact sheets on a variety of subjects is up to date. These include information about financial abuse, fire safety, scams and bogus callers.

Improving our response at the point of referral

We have worked hard to improve our contact centre (Social Care Direct) for people making calls into adult social care. We have rolled out training to their staff around risk assessment and strengths based conversations, which is helping Social Care Direct deliver quicker and better-quality decisions, especially where there is an adult or carer at risk of harm. They refer safeguarding concerns into the Urgent Response Team, who are responsible for assessing risk.

There will shortly be a new team in the Front Door of adult social care called the OT access team (from July 2018). The OT's within this new team aim to respond more quickly to referrals for OT assessments, and enhance the quality of their

risk assessments where some people may be at risk of harm e.g. assessing the safe use of equipment by carers and/or family member and provision of manual handling advice.

Responding to Safeguarding Concerns

Barnet adult social care received a total of 1,675 safeguarding concerns during 2017/18. This is the highest number of safeguarding concerns raised ever in Barnet and represents a 61% increase on last year. 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. 667 of these concerns progressed to a section 42 enquiry. This represents a 40% conversion rate which is line with the national average.

Quality assurance Framework

Our recording tools have been revised to ensure that data on the experience and outcomes of adults who have been safeguarded provide quantitative data. Cases studies are also collected to provide narrative detail. A small number of adults have been interviewed to give their views on their experiences.

The quality assurance framework was refreshed which includes a cycle of internal and external case file audits including the how well the principles of Making Safeguarding Personal have been applied. Supervision audits take place monthly to ensure supervision is taking place, and that it is meeting the required

standards. A new quality board has been established, chaired by the assistant director of adult social care. These reports into the monthly Director of Adults Social Services (DASS) Assurance Group.

We have participated and led on two Safeguarding Adult Reviews and have begun to act on the learning which has been identified.

Plans for 2018-19

- To review and update our recording systems to improve the information we can report on our safeguarding activity
- To continue our audit programme and ensure lessons learnt are disseminated and inform our practice
- To act on the recommendations from the SARs undertaken by the Safeguarding Board.
- Further develop our quality assurance framework to ensure all the work we do on quality is collated and reported into our Quality Board
- To review the thresholds of what constitutes a section 42 enquiry alongside our partners to ensure all the work we are doing is accurately reflected.
- To put in place the necessary steps to prepare for an adult MASH

Performance and Information key achievements 2017-18

Adults & Communities (A&C) Performance and Information produced reports which identify Police contact/referral activity and adult safeguarding concerns received; which are reported on a quarterly basis. The report enables the BSAB PQA Sub-Committee to ascertain and thereafter monitor the level of stakeholder engagement in safeguarding activities and notifications in 2017-18.

In addition, new report development has enabled an improved level of analysis and review of concluded section 42 enquiries by abuse type, source, location and outcome. Furthermore, newly-designed reports have enabled more precise monitoring and audit of safeguarding adults' concerns which have resulted in no further action, which are continuously reviewed.

Adults & Communities continue to engage as active participants in the BSAB Performance and Quality Assurance Sub Committee and respond to the requests arising from Sub Committee (and will continue do so throughout 2018-19).

Adults & Communities provide key information on Provider Concerns to the BSAB PQA Sub Committee supporting a multi-agency approach to prevention and protection.

Our research and reporting also support the examination of the underlying causes of abuse and neglect; a key mission of the Barnet SAB.

Adults & Communities continue to support the Board's objective to provide robust information and research; which can evidence improvements in performance and those areas which may require further development and support.

London Metropolitan Police Service: Barnet key achievements 2017-18

The Metropolitan Police Service (MPS) has introduced a new governance structure which has seen the establishment of new safeguarding roles: including a corporate MPS Head of Profession for Safeguarding at Commander Level supported by 13 Lead Responsible Officers (LROs). In terms of Safeguarding Adults, the following LROs have been appointed;

- Abuse and Neglect of Vulnerable Adults (ANVA)
- Mental Health
- Missing Persons
- Hate Crime
- Domestic Abuse
- Sex workers, rape and Serious sexual offences
- Harmful Traditional Practices
- Staff Engagement (all areas of safeguarding)

The MPS has been represented at pan-London multi-agency strategic boards including the London Safeguarding Adults Board and the London Professional Steering Group.

The MPS has commissioned safeguarding data dashboards covering the above abuse categories which are being built and will deliver borough data sets, including raw data of repeat victims and repeat vulnerable adult come to notice reports (ACNs) which can be shared with partners for early risk and intervention planning.

Further developments are the inclusion of Abuse and Neglect of Vulnerable Adults into the MPS Strategic Needs Assessment / Control Strategy for the first time. Also, the commissioning of the first internal MPS Risk and Learning Review for Adult Safeguarding which is due to start June-Aug 2018.

Plans for 2018-19

In the next year the Police borough mergers should be completed. 32 police areas will reduce to 12. Barnet, Brent and Harrow police will merge in Autumn 2018 and be known as the North West Basic Command Unit (NW BCU).

Safeguarding arrangements as part of police restructuring will sit under one detective superintendent for the BCU covering adult and children's safeguarding issues.

The investigation of serious sex offences and child abuse will return from central specialist units to local police BCUs. These two units will merge with existing local police community safety units to form large Safeguarding Investigation PODs (four per BCU) overseen by four Detective Inspectors and a Detective Chief Inspector (DCI).

These PODs will have responsibility for criminal investigations with children and adult safeguarding implications.

At Barnet, Brent and Harrow, one Detective Inspector will be appointed as portfolio lead for Adult Safeguarding investigations who will choose some local investigators to become (Single Point of Contact) SPOCs in this area who can receive local Barnet partnership and wider MPS training in this area.

A second safeguarding DCI will oversee partnership arrangements covering the MASH and Child Abuse Investigation Team CAIT referrals, Child Sexual Exploitation CSE and Missing desks.

There will be a dedicated police Mental Health Team supporting the BCU for the first time and will sit under Safer Neighbourhoods portfolio working closely with the MASH.

A new Elder Abuse flag on crime reports will be introduced to enable understanding of this issue. The launch is 15th June 2018 across the whole of MPS.

It is hoped to be able to sign off a Pan-London MPS, NHS and London Councils agreement for Appropriate Adult provision and funding to improvement call out services and consistency.

A police Autism alert card (Met, British Transport Police, City of London Police) is planned for people living with autism to help interaction with police services.

There are also various trials of joint police and mental health practitioner deployments to support those in crisis and reduce demand on services (these are led by the LRO for MH and none are in the Barnet Borough).

A response to internal MPS Adult Safeguarding Risk and Learning Reviews (6 boroughs to be assessed and learning shared) is anticipated, and there will be further development of safeguarding dashboards and working with partners on how to use the data to support repeat vulnerability locally.

Central London Community Healthcare (CLCH) key achievements 2017-18

The Care Quality Commission findings following inspection in October 2017 which rated leadership in our Adult Services as 'outstanding' were very positive. Within this they rated the safeguarding services as 'good' and were assured about the role and remit of the CLCH Safeguarding Adults Team and the leadership of the team.

CLCH continues to have a strong presence on SAB sub-groups across several different local authorities that CLCH work with and work to support partner organisations.

In 2017-18 CLCH developed and rolled out Safeguarding and MCA Level 3 training in accordance with the Intercollegiate Framework, and supported the rolling out of e-learning packages to give staff different ways to access Level 2 training.

CLCH held its first Safeguarding Conference which was open to all staff across the Trust as well as staff from partner organisations. There were seminars about Child Sexual Abuse,

Female Genital Mutilation (FGM), and the Mental Capacity Act and Safeguarding.

Increased investment in the CLCH Safeguarding Adults Team means the service can support more staff across the Trust with safeguarding and mental capacity queries. Where necessary, offering bespoke support to staff when they are managing safeguarding situations (see example about SN).

Trish Stewart (Head of Safeguarding) regularly attends the Barnet SAB and sub-groups to represent CLCH and to ensure stronger cross partnership working with the local authority as well as other partner organisations on the Barnet SAB. CLCH attendance and close working with the Barnet SAB has helped CLCH to ensure our priorities are in line with the Barnet SAB.

Plans for 2018-19

- Relaunch of safeguarding and MCA champions
- Ongoing bespoke training around MCA/DoLS and the Pressure Ulcer Protocol
- To design a safeguarding concerns referral form that is uniform Trust-wide
- To quality audit safeguarding referrals by CLCH staff to the local authority
- Continue to support CLCH staff and contribute to multi agency partnership working
- On-going monitoring of Safeguarding Adults, Mental Capacity and Prevent training

London Ambulance Service NHS Trust (LAS)

2017-18 has been another busy year for the London Ambulance Service NHS Trust. We have seen an increase in incidents and an increase in safeguarding Concerns raised by our staff. Safeguarding is a priority for the Trust and we have this year recruited a full-time administrator to assist with the increased workload.

During the year we have introduced two new policies which are Safeguarding supervision and Chaperone policy. We continue to provide annual safeguarding training to clinical staff which this year was delivered via e learning and reflected learning from Safeguarding Adult Reviews, Serious Case Reviews or audits undertaken.

The Trust has undertaken a number of quality audits throughout the year these include

- Auditing knowledge and retention of staff learning
- Quality of concerns/referrals raised
- Quality of training delivery
- Modern slavery referrals
- Child sexual abuse and child sexual exploitation
- Adult sexual abuse
- Child female genital mutilation

Full LAS safeguarding governance and assurance can be found in our annual report for 2017/18 which will be published on our website when agreed.

Westminster Drug Project key achievement 2017-18

- Development of the Safeguarding Adults Standard Operating Procedure, reflecting current legislation and pathways in and out of service across Barnet.
- Safeguarding Adults training continues to be a mandatory training item with 100% Compliance
- The partnership has ensured all staff have at least a basic understanding of the Mental Capacity Act and how this impacts on practice.
- Professional boundaries training has been given to all front-line practitioners including volunteers and peer mentors working with service users.
- PREVENT training remains a mandatory training item with good update.
- Lessons learned from across organisations are disseminated to all staff within the partnership to help shape and develop practice. This has included sharing lessons from the Domestic Homicide Review "Crystal".
- The organisation continues to support vulnerable adults to access Tier 4 residential rehabilitation for when community treatment is not appropriate. 9 cases were referred for rehabilitation in 2017/8 under the Fair Access to Care Services (FACS) criteria.
- Specialist dual diagnosis provision within the service has strengthened links with partner agencies support the

mental health of service users across Barnet in line with latest NICE guidance.

- BRC participated in the CQC review of Looked after Children in February 2018. The final report is awaiting publishing.

Plans for 2018-19

- Staff development in Think Family approaches to improve understanding of abuse and strengthen assessment of the family unit to safeguard from abuse.

Royal Free London NHS Trust Foundation (RFL) key achievements 2017-18

The Royal Free London NHS Foundation Trust is committed to safeguarding and understands that to safeguard effectively we must work collaboratively with partner agencies and professionals.

This year we have re-designed our three-year strategy that informs our work plan. The progress of this work plan is monitored by the Integrated Safeguarding Committee (ISC). The ISC meets quarterly and is chaired by the RFL Group Chief Nurse who is the executive board lead for safeguarding. This year we have developed, completed and implemented a Safeguarding Policy. (Integrated Adult and Children) and a Safeguarding Supervision Policy

We have adopted a 'think family' approach to all our actions and policies and this is supported in the three-year work plan.

Members of the safeguarding team are involved in a pilot project to improve the awareness and identification of early help and intervention to families and individuals in need. The pilot has been accepted as a project for quality improvement training provided by IHI and supported by the Trust. Using this opportunity, the project group is supporting the development of early help and intervention across the Trust.

We raised 401 alerts at the Royal Free Hospital and 504 alerts for Barnet Hospital and Chase Farm Hospital, an increase of 4% on last year.

We have refined our Safeguarding Alert reporting and screening in this past year and we are working with the local authorities to ensure that our processes are aligned. We have reduced the administrative burden for staff raising concerns and improved our information sharing with the relevant local authority teams, particularly relating to pressure ulcers where we are broadly following the new Department of Health Safeguarding Adults Protocol, Pressure Ulcers and the interface with a Safeguarding Enquiry which was published in January 2018.

The role of the Learning Disability Champion has been piloted on two wards in Barnet Hospital and has been well received and is now being rolled out across the Trust. There has been a 34.5% increase in the number of people flagged on the hospitals electronic patient record as having a learning disability during 2017-18 which means we are in better position to support more patients from the point of referral or admission to services. Following the quality checkers review of the phlebotomy services the Learning Disability team has also worked with the staff to help them identify patients who have a

learning disability and have introduced easy read information on having a blood test.

The role of the Acute Liaison Nurse and the reasonable adjustments put in place for a patient with a learning disability in Barnet Hospital who was end of life was highlighted as an example of excellent practice in the recently published Learning Disabilities Mortality Review (LeDeR) Programme Annual Report produced by NHS England.

Plans for 2018-19

We are developing a work stream to progress the Making Safeguarding Personal principles of the Care act 2014.

We will continue to ensure we increase training rates, particularly on PREVENT across the Trust and we are developing and delivering level 3 safeguarding adult training.

We are expanding the breath of safeguarding adult supervision provision across the Trust.

We will be holding events across the Trust during Learning Disability Awareness week to promote the Mencap #TreatMeWell Campaign, which is focusing on acute care for people with learning disabilities. These events will be supported by Barnet Mencap and the Barnet Learning Disability Team.

The London Fire Brigade (LFB) key achievements 2017-18

The LFB has been working to identify vulnerable adults especially those at risk of neglect, hoarding and fire. We are

actively highlighting these individuals to the local authority for assistance.

There has been localised learning disability awareness training to increase awareness of mental health issues and how to work with mental health sufferers in collaboration with Barnet Mencap.

The Barnet LFB exceeded the 12% target of time spent on Community Safety by 2.5%, undertaking 2953 Home Safety Visits (HFSV) in the borough, over 400 more visits than target. LFB has been working hard to identify high priority/at risk people for HFSV'S achieving 87% for these.

There has been an active involvement from all staff in the borough to engage with vulnerable people through involvement in the Community Safety MARAC, Domestic Violence MARAC and the Hoarding and Neglect Panel.

Plans for 2018-19

- Continued collaboration with the DV and CS MARAC's.
- Looking to progress work further through the hoarding and neglect panel and trying to promote tackling the root causes of Hoarding.
- Continued work to identify vulnerable people across the borough to give them tailored home fire safety advice.

BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST (BEHMHT)

Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. We recognise that effective safeguarding is a shared responsibility which relies on strong partnership and multi-agency working. Over the last 12 months we have continued to ensure a robust and proactive commitment to working in partnership with the Safeguarding Adult Board.

Our aim is to ensure there is a whole organisational approach to safeguarding patients and service users, their families and carers. In order to do this, we have developed an Integrated Safeguarding Committee (ISC). The ISC is chaired by the Executive Director of Nursing, Quality and Governance and provides strategic leadership and oversight. The work of the ISC is informed by our Safeguarding Strategy and overarching work plan. The ISC meets each quarter and is accountable to the Trust Quality and Safety Committee. The Executive Director of Nursing, Quality and Governance is the Executive lead for safeguarding and provides bi-monthly safeguarding updates to the Trust Quality and Safety Committee. In addition, an annual safeguarding report is provided to the Trust Board. Safeguarding is a standing item for each on the Borough Clinical Governance meetings.

Safeguarding adults work undertaken and key achievements in 2017 -18

- The aims and objectives of year 2 of our 3-year work plan have largely been met
- We have led on an innovative domestic abuse pilot project (LINKS) which demonstrates how an independent domestic violence advocate based directly with the mental health team improves responses to service users who disclose domestic abuse.
- We have developed a safeguarding newsletter to ensure staff are regularly updated.
- We have developed a safeguarding adult handbook for all staff.
- We have refreshed our easy read safeguarding information for service users.
- We continue to improve and learn from our safeguarding data collection systems.
- We have developed new policies on the management of safeguarding allegations against staff and we now have a new chaperone policy.
- We have designed and rolled out level 3 safeguarding adult training.
- We have reviewed the role and function of the mental health teams safeguarding champions to ensure improved practice and cascade of learning.

- We have improved the way we triangulate information relating to safeguarding alerts, complaints and Datix incident reports.
- We continue to raise the profile of the “Think Family” approach across all services
- We have developed a new safeguarding adult audit strategy aligned to the principles of safeguarding as defined in the Care Act (2014).
- We have consistently maintained Level 1 and 2 safeguarding adult training at the trust target of 90%

Key Challenges

- Safeguarding practice is complex and varied. The challenge of collecting accurate meaningful data is recognised. Work continues to ensure data is captured and analysed effectively.
- To continue to develop and improve systems to promote effective lessons learnt from reviews such as Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHR's).
- To respond effectively to the increasing number of SARs and DHR's
- To ensure consistency of safeguarding adult practice across three boroughs with separate commissioning arrangements and different safeguarding pathways.

- To ensure the challenge of working across three borough Safeguarding Adult Boards and their associated sub-groups is managed effectively.
- To respond to the ever increasing and competing issues across the safeguarding landscape.

Safeguarding adults work planned for 2017 - 2018

The work of the Integrated Safeguarding Committee is informed by an overarching work plan which underpins the Safeguarding Strategy. The Strategy has five broad aims which form the overall framework of work going forward:

- To ensure safeguarding is everyone's business across the Trust
- Develop a dataset of information that allows effective monitoring of safeguarding activity and outcomes.
- Develop a culture of learning with robust internal systems to support this.
- Promote early help to prevent abuse from happening in the first place.
- Develop seamless pathways that promote joined up working at every level.

Case Examples

Case Study 1

A safeguarding concern was instigated regarding a service user who was found neglecting herself. Her home was full with clutter and causing congestion in the living spaces and was impacting on the use of her living space. A safeguarding meeting was held that involved partners; local authority, G.P, Fire Service and the Housing Department. This ensured a robust and co-ordinated response across the key partnership to plan the interventions required. A robust multi-agency risk assessment was completed. The victim was referred for psychological intervention, free safety checks. With consent, her flat was cleaned by the Housing department and she was referred for on-going support.

Case Study 2

The case came to the attention of the safeguarding team via the Multi Agency Risk Assessment Conference (MARAC). A female service user had attacked her husband therefore she was deemed to be the perpetrator of domestic abuse. The multi-disciplinary team had concerns about the characterisation of the service user as a perpetrator and they felt she was being exploited by her husband who routinely attributed incidents and her refusal to comply with his demands to her mental illness. There were also allegations that he often gave her cannabis stating that it was a herbal/natural cure for her mental illness.

This information was shared with MARAC and a safeguarding plan was put in place including:

- Conditions around engaging with Dual Diagnosis services and accessing support and Domestic Violence counselling where to be included as conditions on the CTO
- An Independent Domestic Violence Advocate (IDVA) was engaged to support the service user for the duration of the in-patient stay as well as for on-going support in the community. The IDVA was asked to address the issues in a culturally sensitive manner as well as support the service user with protection planning and reporting any further I abuse to the Police

CCG

Barnet Clinical Commissioning Group (BCCG) provides regular Safeguarding Training to GPs and Primary Care Nurses, including advanced updates for GP safeguarding leads. The 2017 Annual General Meeting (AGM) was attended by 150 Barnet GPs and Nurses and featured training on risks of Hoarding and Self Neglect delivered by the Fire Brigade.

Barnet GPs receive their safeguarding training from a variety of sources, and have to demonstrate their competency in safeguarding for their annual appraisals.

BCCG is a member of Barnet Safeguarding Panels, including the Channel Panel, (which manages cases referred via PREVENT), the Risk Panel, the Community Multi Agency Risk

Assessment Conference (MARAC) and the Domestic Abuse MARAC.

The IRIS project has been launched in Barnet. This project covers 25 surgeries and supports GPs and Primary Care staff with their patients who are experiencing domestic abuse. The surgery team receives advanced training and support by a doctor and a domestic abuse advocate.

BCCG safeguarding leads and the Continuing Healthcare team work closely with Barnet Local Authority and the Care Quality Commission (CQC) to safeguard individuals in Barnet nursing homes and support the homes to improve the quality of their nursing care.

BCCG monitors health providers across Barnet on how they apply the Mental Capacity Act (MCA) 2005 in their work with individuals.

The BCCG Adult safeguarding lead has worked with partner agencies to get feedback from service users on their experiences of being involved in a safeguarding enquiry.

BCCG safeguarding team supports practitioners with complex safeguarding enquiries.

Adult Safeguarding Reviews in Barnet have reflected on practice and made recommendations to improve how the Mental Capacity Act 2005 is understood and used by health

workers, BCCG will support and monitor the implementation of these recommendations.

Priority 2: Adults at Risk are heard, understood and respected. Their experiences and views shape continuous improvement.

BCCG safeguarding and quality leads work with Barnet Local Authority and the CQC, within a provider concerns process, to listen to concerns raised by individuals and their families in Barnet Nursing homes and to support improvements by the homes.

BCCG manages complaints in accordance with NHS complaints regulations and monitors its contracts with health providers to ensure that they listen to their service users, respond to complaints in an appropriate and timely manner and regularly ask the public about their satisfaction with the services.

BCCG safeguarding leads are members of the Safeguarding Board subgroups and contribute to the improvements in quality across the partnership.

Priority 3: Advance equality of opportunity, including access to justice for adults at risk.

BCCG is working with partners, such as the local authority and

police, in the development of an Adult Multi Agency Safeguarding Hub (MASH).

BCCG commissions advocates to support adults through the safeguarding process if they lack capacity to understand and participate in it. This will ensure that all service users, particularly those who are vulnerable, have a voice and are supported through the process.

The IRIS programme for GPs improves access to support for people experiencing domestic abuse.

BCCG works with the Mental Health Trust and Public Health on the Barnet Suicide Prevention strategy.

Plans for 2018-19

The recommendations from Safeguarding adult reviews in Barnet include extra training on relevant laws such as the Mental Capacity Act 2005 and the Mental Health Act 2007. This training has been arranged for GPs and nurses for later this year (2018).

The IRIS programme has just been launched in Barnet and will continue to deliver training and support for GP surgeries.

BCCG will continue to work with the Safeguarding Board partners to develop an Adult MASH in Barnet.

BCCG will further strengthen its relationship with Safeguarding Board partners and continue to develop a culture that ensures that all adults, and particularly vulnerable adults, are supported and have their voices heard.

Training

London Borough of Barnet

The Workforce Development Service within Adults and Communities commissions and provides a comprehensive range of multiagency training to both internal staff across the Delivery unit and External staff from provider/partner agencies.

The programme includes a variety of short courses, briefings and forums delivered within the London Multi-Agency Safeguarding Adults policy and procedures framework, based on levels 1-3 and in line with The National Competence Framework for Safeguarding Adults. The Core Programme includes:

Level 1

Safeguarding Adults Basic introduction
Safeguarding Adults Assessing the Concern

Level 2

Safeguarding Adults Policy and Procedures
Safeguarding Adults Policy and Procedures for Providers
Safeguarding Adults - The Law and Safeguarding Adults
Human Trafficking and Modern Slavery - Multi agency

Awareness Raising

Prevent Workshop to raise awareness of Prevent (WRAP)

Cuckooing - Exploitation of Vulnerable Adults

Safeguarding Adults - Working with the Police

Safeguarding Adults - Self Neglect and Hoarding

Level 3

Safeguarding Adults - Conducting Safeguarding Enquires

Safeguarding Adults - Managing and Chairing Safeguarding Meetings

Safeguarding Adults - Provider Led Enquires

The current training compliance for Safeguarding Adults levels 1 to 3 is 89%

Prevent training compliance is 71%

The formal training programme is supplemented by a range of practice forums which provide reflective learning opportunities for staff to discuss real cases and learn from good practice examples. Practice forums are quarterly and focus on safeguarding, Mental Capacity and the role and function of Best Interest Assessors under the Deprivation of Liberty Safeguards.

Safeguarding Adults Training has also been provided to staff from across 25 external providers.

Our current programme was reviewed this year to ensure all our courses are MSP compliant with an emphasis on the

development of skills in person-centred, outcomes focused working that enables people to reach resolution or recovery.

So, staff can continue to develop these core skills in MSP and strength based practice we have revised and relaunched our supervision policy and provided training for managers in effective supervision and reflective practice to enable staff to work confidently/competently in difficult situations.

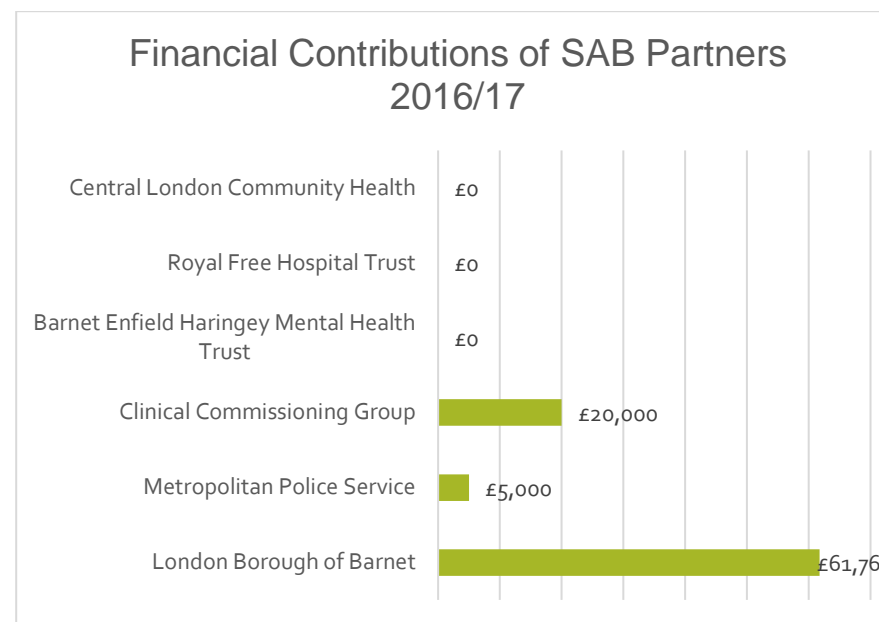
Safeguarding Adults Training (% of staff trained)

BEH- RFL CLCH	Safeguarding Adults Level 1				Safeguarding Adults Level 2				Safeguarding Adults Level 3				Mental Capacity Act Level 1				Mental Capacity Act Level 2				Mental Capacity Act Level 3			
	Q1	Q2	Q3	Q4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	86	84	92	92	86	84	92	92										89						
		86	88			81	84							80	85									
	97.4	96.3	95	97	94	95	90	87	100	100	100	66	97.4	96.4	95	97	93.4	94	89	84	100	100	100	62
	PREVENT				WRAP				Domestic Violence Level 1				Domestic Violence Level 2				Modern Slavery				Female Genital Mutilation			
BEH RFL CLCH	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
	69	79%	90		69	79	90	84						89										
	97.4	96.4	95	97	89	90.3	90	90	97.4	96.4	95	97	94	95	89	87	94	96.4	95	97	97.4	96.4	95	97

Safeguarding Adults Board Attendance 2017/18

SAB Partners	Safeguarding Adults Board				
	Apr-17	Jul-17	Oct-17	Jan-18	Mar-18
Barnet CCG					
Local Authority					
London Metropolitan Police: Barnet					
Barnet Enfield and Haringey NHS Mental Health Trust					
Care Quality Commission					
CLCH					
General practitioners					
Healthwatch Barnet					
London Ambulance service					
London fire Brigade					
London Probation Trust					
Royal Free London NHS Foundation Trust					
The Barnet Group					
Voluntary sector					

Financial Contributions 2017/18



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 5693

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

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 someone you know is being harmed in any way by another person, please do not ignore it.

Any information you provide to us will be treated in the strictest confidence.

Contact Social Care Direct

•Tel: 020 8359 5000 (9am- 5pm, Mon to Fri), 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.

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Adults & Safeguarding Committee

AGENDA ITEM 8

26 November 2018

Title	Adult Social Care Annual Complaints Report
Report of	Chairman of the Adults and Safeguarding Committee
Wards	ALL
Status	Public
Urgent	No
Key	No
Enclosures	Appendix: Adult Social Care Annual Complaints Report 2017-2018
Officer Contact Details	Elissa Rospigliosi, Head of Performance & Improvement, elissa.rospigliosi@barnet.gov.uk , 020 8359 7158

Summary

The production of an annual complaints report is a statutory requirement for Councils with adult social care responsibilities, providing an overview of management of, and performance in responding to, adult social care complaints.

The number of complaints received in 2017-18 is on a par with the numbers received in previous years.

Effective complaints management is an important element of maintaining the Council's reputation. Complaints are also a valuable tool in helping to understand resident and customer expectations of the services they receive, and learning from complaints is an essential part of service improvement.

As well as providing a meaningful response to all complainants, the outcomes of investigations are used by adult social care to improve services and customer experience.

Officers' Recommendations

1. That the Adults and Safeguarding Committee notes the Annual Complaints Report 2017-2018 and approves the report for publication.

1. WHY THIS REPORT IS NEEDED

- 1.1 This report is produced in accordance with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (hereby referred to as 'the Regulations'). Under those regulations, Barnet Council is required to report annually to the relevant Council committee on adult social care complaints.
- 1.2 The Council is required to operate a separate statutory complaints and representations procedure for adult social care under these regulations. Any complaint which does not fall under these requirements is considered under the Council's corporate complaints procedure.
- 1.3 Information about complaints is a valuable tool in helping to understand residents' and customers' expectations of service delivery, and plays a key part in identifying service improvements in adult social care.
- 1.4 The report provides information on complaints and compliments for Barnet Council's adult social care services for the period 1 April 2017 to 31 March 2018. The report considers complaints dealt with through both the Statutory Adult Social Care and Corporate Complaints procedures.
- 1.5 Between 1 April 2017 and 31 March 2018, the Council's social care first contact service received 52,146 contacts. In addition, Barnet adult social care:
 - carried out approximately 3,000 new statutory care and support assessments and approximately 4,000 reviews;
 - investigated 1,675 safeguarding concerns and carried out 667 safeguarding enquiries;
 - provided 35,000 items of equipment and approximately 1,740 new telecare installations;
 - supported 1000 adults in residential care; 419 adults in nursing care; and 420 adults in supported living
 - provided enablement to 990 people and homecare to 1860 people.
 - supported over 1,000 adults through direct payments and provided direct support to 650 family carers.
- 1.6 In the same period, the following were received from service users, carers and/or their representatives:
 - 59 compliments
 - 83 statutory complaints
 - 1 corporate complaint
 - 18 Local Government Ombudsman complaints.
- 1.7 Common themes from the complaints were:
 - Decision – disagreement with the outcome of a care assessment; with a financial

- decision, or a decision made as a result of a statutory duty or national policy.
- Conduct - relating to the conduct of staff employed by providers or services provided directly from Barnet.
- Quality - relating to the quality of service from care homes, care agencies or the management of care assessments.

1.8 Of the 83 statutory complaints, 73 resulted in an outcome and 10 were withdrawn:

- 27 (37%) were not upheld
- 26 (36%) were upheld
- 20 (27%) were partially upheld.

1.9 Customers expect their interaction with the department to be professional and positive, and in most instances this is the case. When things go wrong, they expect swift action to be taken to resolve the matters causing concern. Lessons have been learnt from the complaints received in 2017-2018 and this learning has been fed back into service improvement.

2. REASONS FOR RECOMMENDATIONS

2.1 The publication of this report is a statutory duty.

2.2 In addition, reviewing and reflecting on complaints is a useful process for identifying areas for service improvement.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None. It is a statutory requirement to publish a Complaints Report for adult social care.

4. POST DECISION IMPLEMENTATION

4.1 The Annual Complaints Report 2017-2018 is a public document and will be made available through the Council website and the staff intranet.

4.2 The Annual Complaints Report includes examples of 'lessons learnt'. These are actions for improvement identified for the Council as the result of complaints. Implementation of these actions will continue during 2018/19.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Council's corporate plan (2018-19 addendum) sets out that one of the Council's core purposes is to work together to ensure quality services. The corporate plan also includes a focus on ensuring services are delivered efficiently to get value for money for the taxpayer. Efficiently managing, and learning from, complaints supports service improvement in terms of both quality and value for money for the taxpayer.

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

5.2.1 As the Council continues to make changes to how services are managed and delivered at time of financial austerity, it is possible that more complaints could be received from our customers. It is anticipated that any work carried out in responding to these complaints will be contained within the current staffing establishment and budget.

5.3 Social Value

5.3.1 This paper does not relate to a procurement exercise.

5.4 Legal and Constitutional References

5.4.1 The Annual Complaints Report 2017-2018 complies with the statutory requirement to produce an annual report of Adult Social Care complaints in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (the Regulations).

5.4.2 The Regulations identified in 5.4.1 above also require the Council to operate a statutory complaints procedure which complies with the provisions.

5.4.3 The Council Constitution, Article 7 states that the Adults and Safeguarding Committee is responsible for those powers, duties and functions of the Council in relation to Adults and Communities including the following specific functions:

- Responsibility for all matters relating to vulnerable adults, adult social care and leisure services
- To receive reports on relevant performance information and risk on the services under the remit of the Committee.

5.5 Risk Management

5.5.1 Because the publication of the report is a statutory requirement, the impact of not publishing it would be a breach of the regulations.

5.5.2 Complaints are an essential means by which the Council assures the quality of Adult Social Care provision, and compliance with statutory duties. By listening to complaints and taking improvement action, the Council minimises the risk of non-compliance and ensures improved customer satisfaction.

5.5.3 Where complaints are received and highlight any safeguarding issues, these are dealt with under the agreed Pan-London Multi-Agency Adult Safeguarding Policy and Procedures.

5.5.4 Adult social care does not work in isolation. As with all other aspects of work the complaints process operates in conjunction with partners in the NHS, the Care Quality Commission, Healthwatch, the police and other public services. This ensures that issues raised by complainants are dealt with effectively, with minimal risk.

5.6 Equalities and Diversity

5.6.1 The Complaints Report supports the Council's duty under the Equality Act 2010, under which the Council and all other organisations exercising public functions on its behalf must

have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination.

5.6.2 Adult social care helps people who are not able to make representations and complaints in their own right to do so through the use of advocacy services such as Citizens Advice Bureau, Disability Law Service, and Mind in Barnet.

5.6.3 Learning from complaints also assists the Council in fulfilling its statutory duty under s149 of the Equality Act.

5.7 Corporate Parenting

5.7.1 In line with the Children and Social Work Act 2017, the Council has a duty to consider Corporate Parenting Principles in all decision making. Young people who have received care and support as children may go on to receive support from Adult Social Care Services. Efficient management of complaints, and service improvements identified as a result, will benefit this cohort.

5.8 Consultation and Engagement

5.8.1 The report will assist the Council in identifying any improvements that need to be made to the service or to policy and procedure. Any changes will be subject to appropriate consultation with relevant groups.

5.9 Insight

5.9.1 Learning from complaints provides insight into service improvement opportunities, complementing quantitative and statistical data on service performance.

6. BACKGROUND PAPERS

6.1 None.

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Adult Social Care Annual Complaints Report

**Barnet Council Adults and
Communities**

2017-2018

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1. Introduction

Adults and Communities is part of Barnet Council, providing statutory social care services including a range of preventative services. Social Care Direct acts as the front door for new Adult Social Care enquiries and is operated by the Council's Customer Support Group.

Comments, complaints and compliments are welcomed by the Council and are seen as a tool to help improve and develop service and practice. They provide the opportunity to learn from mistakes and to put things right for an individual when they have gone wrong.

Barnet Council is required, under statutory regulations, to report annually to the relevant Council Committee on Adult Social Care complaints.

This report provides information about adult social care complaints for the period 1 April 2017 to 31 March 2018. The report considers complaints dealt with through both the Statutory Adult Social Care and Corporate Complaints Procedures where these relate to Adult Social Care.

2. Adult Social Care Statutory Complaints Procedure

The Council is required to operate a separate Statutory Complaints and Representations procedure, in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (hereby referred to as 'the Regulations'). Any complaint which does not fall under these requirements is considered under the Council's Corporate Complaints Procedure.

All complainants that have exhausted the Council's Statutory Complaints Procedure retain the right to approach the Local Government and Social Care Ombudsman. The LGSCO are impartial and independent and act as the final stage for complaints about the Council, Social Care Providers, Care Homes and Home Care Agencies.

3. Accessing the complaints procedure

Adults and Communities continually seeks to encourage people who use social care, and carers, to provide feedback (good or bad) on the services that they have received.

The complaints process is publicised through the following means:

- The Comments, Compliments and Complaints booklets are widely distributed to public offices in the Borough.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with Learning Disabilities and people whose first language is not English.
- Information about making a comment, compliment or complaint in relation to adult social care is published on the Council website at www.barnet.gov.uk/comments-and-complaints-adult-social-care
- Managers are asked to feature compliments and complaints as a standing item in their team meetings and briefing sessions.
- Compliments are shared with staff and promoted internally through the staff newsletter, notice boards, TV screens and staff awards.
- Staff and Managers are also encouraged to utilise the support services provided by the Complaints Team.
- Information about complaints is shared with the Management Team and with staff, to improve practice.

The Council has commissioned Barnet Citizens' Advice Bureau as the local lead provider for specialist information, advice and advocacy support. This ensures that the Council has a dedicated support service in place for people who require access to independent information, advice and advocacy. Barnet Citizens' Advice Bureau works with two subcontracted partners (Advocacy in Barnet and Mind in Barnet), and with other partners, to provide a range of advocacy services and support. Council adult social care staff are trained in accordance with the Care Act 2014 and staff understand their statutory duties in relation to advocacy.

4. Overview

Between 1 April 2017 and 31 March 2018, the Social Care Direct Team received: 52,146 contacts. In addition, Barnet adult social care:

- carried out approximately 3,000 new statutory care and support assessments and approximately 4,000 reviews;
- investigated 1,675 safeguarding concerns and carried out 667 safeguarding enquiries;
- provided 35,000 items of equipment and approximately 1,740 new telecare installations;
- supported 1000 adults in residential care; 419 adults in nursing care; and 420 adults in supported living
- provided enablement to 990 people and homecare to 1860 people.
- supported over 1,000 adults through direct payments and provided direct support to 650 family carers.

The following adult social care complaints and compliments were received by the Council from service users, carers and/or their representatives.

- 59 compliments
- 83 statutory complaints
- 1 corporate complaint
- 18 Local Government Ombudsman enquiries/complaints

Of the 83 statutory complaints, 73 resulted in an outcome, set out below, and 10 were withdrawn.

- 27 (37%) were Not Upheld
- 26 (36%) were Upheld
- 20 (27%) were Partially Upheld
- The one corporate complaint was Upheld.

Of the 18 enquiries/complaints received by the LGO:

- four preliminary cases were closed after initial enquiries.
- nine enquiries were signposted back for local resolution.
- one complaint was Upheld
- four complaints were Not Upheld.

Common themes from complaints include:

- Decision – disagreement with the outcome of a care assessment; with a financial decision, or a decision made as a result of a statutory duty or national policy.
- Conduct - relate to the conduct of staff employed by providers or services provided directly from Barnet.
- Quality - relate to the quality service from care homes, care agencies or the management of care assessments.

Common themes identified for improvement from lessons learnt were:

- Staff/people – work to address issues relating to the behaviour or conduct of a member of staff.
- Provider – work with a provider to review working practices, policies and contract compliance.
- Procedure – updates and amendments to, or staff reiteration of procedure.

The most common theme from compliments was praise for the work of individuals.

5. Compliments

Compliments are just as useful as complaints in helping the Council to improve its services. By having people tell the Council when things are done well, the Council can make sure that it continues to recognise and build on its strengths.

59 written compliments were received in 2017/18. 81% of these praised the work of individuals with the remaining 19% praising the work of the whole service.

The table below provides a more detailed picture of compliments by service area.

<i>Service Area</i>	2016-2017	2017-2018
Localities (Older People & Physical Disabilities)	15	11
Integrated Care Learning Disabilities	9	13
Integrated Care Quality	16	7
Assessment & Prevention	8	12
Other teams / functions	17	16

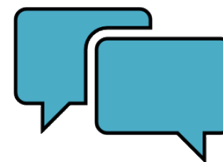
In addition, the Network (the Council's mental health enablement service) recorded high customer satisfaction results; 54 compliments were received via customer feedback questionnaires relating to The Network's impact on the client's life and recovery. 445 Enablement Group questionnaires were received complimenting the service's helpfulness, relevance to their needs and the effectiveness of staff.

Many service users that compliment staff and teams provide verbal feedback in care meetings or by phone; it has not been possible to reflect these in the above figures.

Learning from Compliments

The adult social care management team are appraised of all compliments received from service users and their families. Achievements are highlighted by managers in briefings to staff. Staff or teams who provide excellent customer service to internal or external customers are also recognised through the newly introduced Star Card Awards.

Examples of the compliments received in 2017-2018:



"Well done to you all for your amazing work, you really do change lives!"

"Big thank you for all your help and assistance with Dad's respite care. You have been amazing."

"Thank you for providing Care Facilities for my mum. The professionalism and dedication of your team and Care Staff was second to none. We are grateful to you all for your valuable support through this difficult time."

"XXX has been the epitome of professional, person centred, family orientated and sensitive practice. She alone has restored my confidence that ultimately my son will be safe and have a decent quality of life while living in Barnet."

"Thanks to XXX's assessment and recommendations XXX is now able to attend social activities within the shared living accommodation."

"XXX comes across as someone who truly cares. His sympathy for my family's situation was heartfelt and sincere. I would like to summarise by saying that XXX is a true asset to the Barnet Social Work Team."

Benchmarking data

The following benchmarking data compares the number of statutory compliments received against a selection of our nearest statistical neighbours¹:

Compliments received (Adults Social Care)	2016-2017	Per 100k population: ²
Barnet	65	21.9
Bexley	*	*
Brent	19	7.6
Bromley	50	19.6
Ealing	23	8.8

* No published figures

¹ Based on members of the group of nearest statistical neighbours identified by CIPFA, who also publish data on compliments and complaints.

² Population data based on the 18+ population according to ONS mid year estimates for 2017.

6. Complaints

6.1 Overview of performance

From 1 April 2017 to 31 March 2018, the Council received a total of 83 statutory adult social care complaints and one corporate complaint, a reduction from 2016-17 of 12.5%.

100% of complaints were closed within the statutory six-month timeframe and 100% of complaints were acknowledged within 3 days.

6.2 Complaints received by category

Of the 84 complaints received between 1 April 2017 and 31 March 2018, 83 were dealt with under the Statutory Social Care Complaints Procedure. The one corporate complaint received was resolved within corporate deadlines and was Upheld.

Of the 83 Statutory Complaints received:

- 67 were considered as straightforward complaints
- 6 were considered as serious and/or complex complaints
- 10 were withdrawn

Category	2016-2017	%	2017-2018	%
Statutory Straightforward (Low/Moderate risk)	75	78%	67	80%
Statutory Serious and/or Complex (High risk)	5	5%	6	7%
Withdrawn	13	14%	10	12%
Corporate	3	3%	1	1%
Total complaints	96	100%	84	100%

6.3 Statutory Complaint outcomes

Of the 73 complaints with an outcome:

- 27 were Not Upheld (37%)
- 20 were Partially Upheld (27%)
- 26 were Upheld (36%)

6.4 Statutory Complaints by Service Area

The table below provides a breakdown of statutory complaints figures for complaints with an outcome:

Service Area	Statutory Complaints (2016-17)	Statutory Complaints (2017-18)	DOT	No. of cases Upheld (2017-18)	No. of cases Upheld (2016-17)	No. of cases Partially Upheld (2017-18)	No. of cases Partially Upheld (2016-17)
Localities (Older People & Physical Disabilities)	47	26	<	7(27%)	16 (12%)	7 (27%)	19 (40%)
Assessment & Prevention	-	5	-	1	-	0 (0%)	-
Review Team	-	7	-	2	-	3	-
Social Care Direct	1	0	<	-	0 (0%)	-	0 (0%)
Integrated Learning Disabilities	14	10	<	5 (50%)	6 (43%)	3 (30%)	5 (36%)
Mental Health	3	5	>	2 (40%)	1 (33%)	2 (40%)	1 (33%)
Customer Financial Affairs	3	6	>	0 (0%)	0 (0%)	2 (33%)	1 (33%)
Integrated Care Quality	2	6	>	5 (83%)	1 (50%)	1 (17%)	1 (50%)
Hospitals & Health Partnerships	10	7	<	4 (57%)	2 (20%)	1 (14%)	6 (60%)
Safeguarding	0	1	>	0 (0%)	-	1 (100%)	-
Total	80	73	<	26 (36%)	26 (33%)	20 (27%)	33 (41%)

The Localities, Assessment & Prevention, and Review Teams all deal with older people and people with physical disabilities. Review Team figures were previously reported under Localities, however to improve our analysis they are now independently monitored.

The majority of complaints were Not Upheld in 2017/18, in contrast to last year when the majority of complaints were Upheld or Partially Upheld.

The Integrated Care Quality Team Upheld or Partially Upheld all complaints received into their area; of the six complaints received, five related to dissatisfaction with their homecare agency and one related to a care home experience.

Complaints regarding the quality of service received from care providers and care homes are passed to providers for initial investigation. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, Adults and Communities may take further action.

Adults and Communities' approach of learning from all Upheld or Partially Upheld complaints improves not only our procedures and operations but the services delivered by providers.

6.5 Complaints by category

The table below identifies complaints by subject and the investigation outcome:

	Category	Upheld	Partially Upheld	Not Upheld	Total
Decision	Care Assessment - Assessment disagreement (including unhappy with decision)	0	3	6	9
	Finance - Assessment disagreement (including unhappy with decision)	0	1	6	7
	Care Home - Assessment disagreement (including unhappy with decision)	0	0	1	1
	Total	0	4	13	17
Conduct	Care Assessment - Conduct of staff (attitude/behaviour)	2	2	2	6
	Care agency - Conduct of staff (attitude/behaviour)	2	0	0	2
	Care Home - Conduct of staff (attitude/behaviour)	1	0	0	1
	Staff Conduct behaviour – General	0	2	3	5
	Total	5	4	5	14
Quality	Care agency - Quality of service	3	1	0	4
	Care Assessment - Quality of service	0	3	1	4
	Care Home - Quality of service	2	0	1	3
	Total	5	4	2	11
Timeliness and Delays	Care Assessment - Assessment delay (including delay in making a decision)	3	0	0	3
	Care agency - Assessment delay (including delay in making a decision)	0	1	0	1
	Finance – Timeliness	1	0	0	1
	Total	4	1	0	5
Communication	Care Assessment - Lack of communication	5	2	0	7
	Finance - Lack of communication	0	3	1	4
	Total	5	5	1	11
Other	Care Assessment - Equipment provision/ Installation	0	0	2	2
	Care Assessment -Assessment request (process)	1	0	1	2
	Other	3	2	2	7
	Hospitals – Quality of Service (Hospital)	2	0	0	2
	Hospitals - Discharge process	1	0	1	2
	Total	7	2	6	15
		26	20	27	73

Decision

The largest number of complaints received were due to dissatisfaction with a decision reached by the Council; for example, the outcome of a care or financial assessment, or disagreement in relation to a financial decision. Over 76% of these complaints were Not Upheld as the complaint results from a statutory duty in relation to regulations or national policy, where the Council has to implement the statute, such as the regulations regarding financial assessment.

Where complainants are unhappy with the outcome of an assessment, Adult Social Care can offer a reassessment or take into consideration changes of circumstances where these are relevant.

Conduct & Quality

These complaints relate to services provided directly by Council staff or relate to the quality or conduct of staff employed by social care providers. Quality issues with Barnet's own services are addressed through Adults and Communities Learning from Complaints procedure and through line management. Any resulting changes to policy or procedure are monitored by a dedicated management group. Quality issues with provider services are addressed through the Council's contract management procedures and lessons learned are fed into the work of the Integrated Care Quality team to inform their work with providers to improve quality.

Delays & Timeliness

All complaints relating to timeliness have been Upheld. This category relates to the time taken to carry out an assessment or provide a service. Waiting times for assessments and for reviews are the main cause of complaints relating to timeliness.

The Council always seeks to avoid delays in assessing or reviewing clients, but as social care is a demand led service this is not always possible. The service targets resources to ensure the most urgent cases and people with the highest levels of need are prioritised but this can understandably still be dissatisfying for members of the public whose assessments have not been prioritised.

Communication

A high number of complaints due to lack of communication have been Upheld or Partially Upheld. These are generally between workers, teams or departments within the Council; many cases stemming from the hand-over of cases from staff who have left the organisation. As a result of these issues being identified, services have implemented absent worker policies and a leavers handover checklist.

6.6 Timeliness of responses to statutory complaints within the internal 20 working day target

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Statutory Complaints guidance allows six months (commencing on the day on which the complaint was received, or such longer period as may be agreed before the expiry of that period) for the resolution of Social Care statutory complaints.

To ensure that this statutory target is met, Barnet sets an internal target of 20 working days for straightforward complaints and 25 days for more serious or complex cases to ensure that complaints are responded to in a timely manner.

The table below provides a quarterly overview of response times and a quarter by quarter comparison to 2016-17.

	2016-17		2017-18	
Quarter	No of complaints (ex withdrawn)	Average no of working days to respond	No of complaints (ex withdrawn)	Average no of working days to respond
1	17	18	27	17
2	24	17	19	23
3	18	20	14	18
4	21	18	13	22
Total	80	18.25	73	20

More than 70% of the complaints responded to outside our internal timescales are complaints requiring joint investigations with either external social care providers or the NHS.

Complaints about external providers being received through the Council's complaints process must be either signposted to the provider's internal complaints process or managed through our complaints procedures on behalf of the complainant. We do ask partner organisations to work within our timeframes; however, the Council has limited power to enforce this.

There are an increasing number of complaints which deal with integrated care; these are joint Adult Social Care/NHS complaints, and therefore require a multi-agency approach. This can have a detrimental impact on the Council's performance against its internal response target as the co-ordination of responses means that the Council may be obliged to work to the Statutory Social Care and National Health Service timescales, which allow a six-month timeframe for complaints to be investigated and responded to.

It is standard practice to send holding letters prior to the target response date, to inform complainants of any anticipated delays and to advise revised deadlines. Investigating managers maintain communication with complainants (with their agreement), informing them of progress throughout the investigation of their complaint and offering support, guidance and advice prior to formal complaint resolution.

Adult Social Care Statutory Complaints – Benchmarking

The following benchmarking data has been collected to compare the number of statutory complaints received against figures for a selection of our nearest statistical neighbours:

Borough	2016-17 Total statutory complaints received	Per 100k population:
Barnet	73	24.6
Bexley	44	23.2
Brent	83	33.0
Bromley	245	96.0
Ealing	103	39.5

7. Learning from Complaints

Learning from the complaints we have received provides us with an opportunity to ensure that improvements are made.

Lessons learnt are captured for all complaints which are Partially or fully Upheld. Any learning or training needs identified are required to be recorded by theme, with relevant actions identified and implemented to prevent further occurrences.

Lessons learnt actions and the themes drawn from complaints are presented regularly for discussion and challenge at a senior adult social operational group tasked with improving the quality of social care practice.

In 2017-18, 89% of lessons learnt forms identified that there was learning to be gained from the complaint; but in many instances, outcomes to complaints are case specific and there are no general learning points that would influence policy or procedure. Individual issues and staff/team specific learning is addressed through training, reflection, supervision and team meetings.

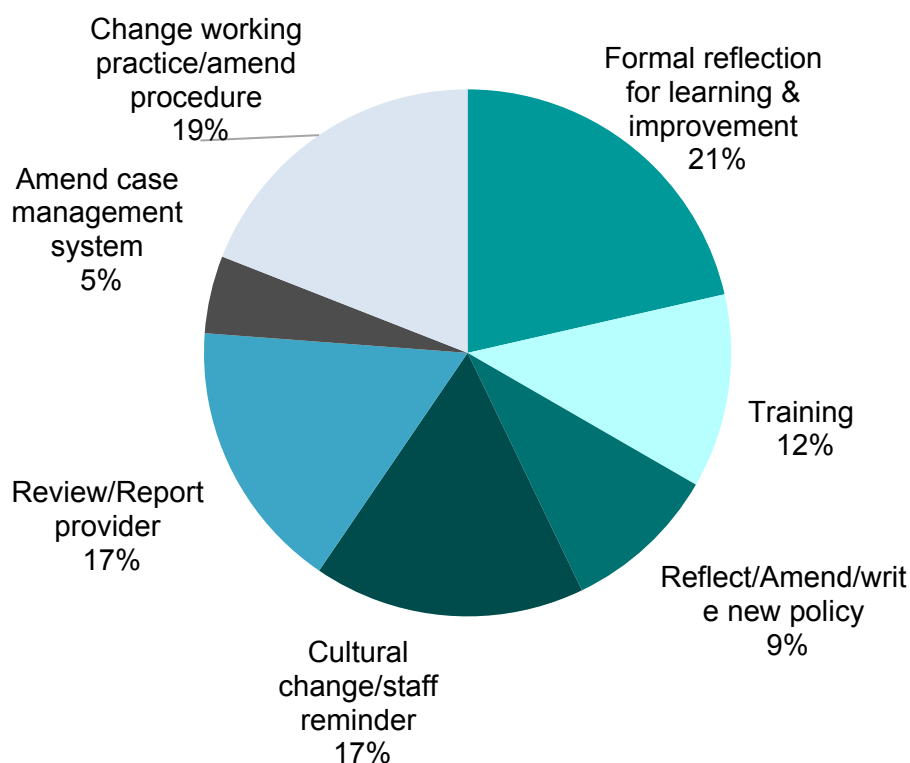
The table below categorises the learning themes and the percentage of all lessons learnt which fell into that category. The table also identifies the agreed actions the service has taken to mitigate any further complaints.

Theme	% of lessons identified	Action
People - issues relating to the behaviour or conduct of a member of staff	40%	<ul style="list-style-type: none"> • Formal reflection • Training • Staff reminder
Policy review or amendment of a formal policy to reflect the need for change	10%	<ul style="list-style-type: none"> • Review of policy • Audit • Amend policy
Systems preventative updates /amendments to system/s, staff training on systems or applications	3%	<ul style="list-style-type: none"> • Amend system • Change working practice
Procedure changes to current procedures and working practice as a preventative measure	27%	<ul style="list-style-type: none"> • Change working practice • Amend procedure • Cultural change
Provider work with a provider to review working practices, policies and contract compliance	20%	<ul style="list-style-type: none"> • Report finding to provider • Review contract • Suspend provider

7.1 Positive improvements

The graph below identifies the actions implemented in the year to address the issues identified in our learning from complaints.

IMPLEMENTED ACTIONS



Examples of some of the preventative change resulting from learning from our complaint investigations:

Lesson Identified	Outcome
Preventable delays in identifying and securing supported living accommodation	Quality plan implemented: sets out expectations (Managers & practitioners) to ensure that case reviews and communications are improved.
Delay in the progression of Disabled Facilities Grant Application	Absent Worker Policy developed by Head of Service and distributed to all Locality Team Managers.
Quality of care provided by agency. Issues with attendance and attitude of staff	Providers instructed to include quality checks in their mitigation plans. Contract Monitoring Officers to evidence documents for quality checks during visits.

8. Local Government Ombudsman (LGO)

The Local Government and Social Care Ombudsman (LGSCO) is an external body that looks at complaints relating to councils and Adult Social Care providers. The LGSCO investigate matters where there is an alleged or apparent 'maladministration' or service failure.

A complainant has the right to raise a complaint with the LGSCO at any time, however the LGSCO request that complainants contact the authority before they will consider a complaint to give the authority the opportunity to resolve any issues.

8.1 Complaints and enquiries dealt with by the LGSCO 2017-2018

The table below shows the total number of new LGSCO enquiries received by Adults and Communities for the period 1 April 2017 to 31 March 2018 and provides a comparison to previous years:

	2015-2016	2016-2017	2017-2018
Enquiries/Complaints	19	22	18

18 enquiries were received:

- four preliminary cases - closed after initial enquiries.
- nine enquiries were signposted back for local resolution.
- one complaint was Upheld
- four complaints were Not Upheld.

The Ombudsman Annual Review: A Tool for Change report (July 2018), highlights that London accounts for the highest proportion of complaints, of all the regions, with 25% of all complaints being about London authorities. The report also highlight that London also has the highest uphold rate, with 63% of all detailed investigations being Upheld.

The low number of complaints investigated by the Ombudsman for Barnet suggests the investigations being undertaken by Managers are clear and transparent. The low number of complaints Upheld indicates that good complaint investigation and practice is taking place.

8.2 LGSCO Benchmarking

Borough	Enquiries/Complaints	Per 100k population:
Barnet	18	6.1
Bexley	8	4.2
Brent	16	6.4
Bromley	21	8.2
Ealing	7	2.7

9. Maturity Model

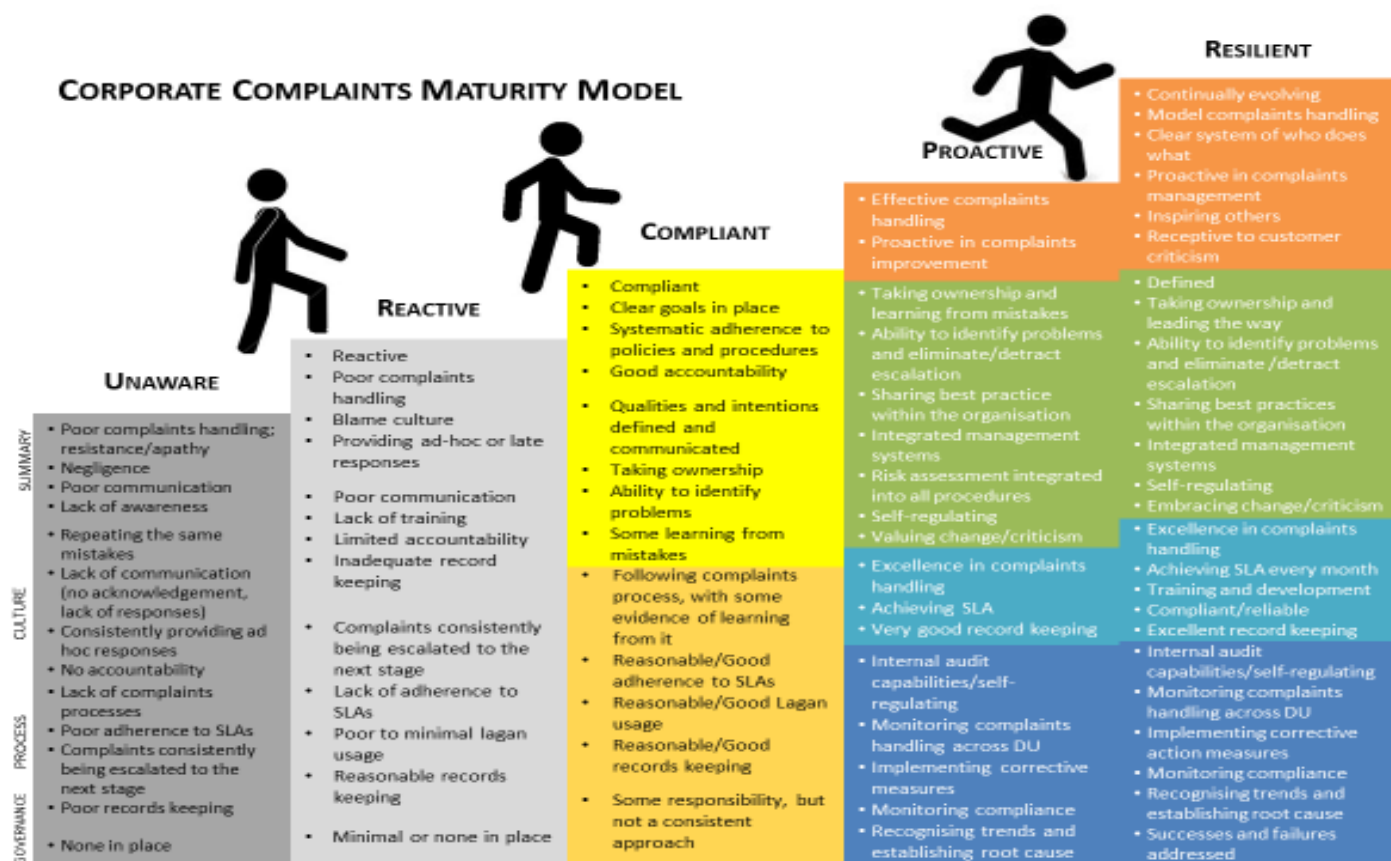
In 2017 the Complaints Maturity Model (MM) was launched to help improve complaints handling across the Council.

The Maturity Model assessed the following areas of complaints management:

- complaints performance (including Local Government Ombudsman cases)
- audit processes and observations
- risk assessment
- compliance with policies
- behaviour.

Each assessment area was audited and scored against a range of criteria and warranted as either; Poor, Room for improvement, Good, Very good or Excellent. Adults and Communities engaged fully in the process and were awarded scores of Good, very good or excellent in all categories.

Our assessment outcome was 89%, the highest of all awards for Level 4 maturity. This rates Adults & Communities as 'Proactive' in its management of complaints. There were no awards at Level 5. Further detail of the maturity model and the different ratings is set out in the diagram below. To respond to the assessment, Adults and Communities is working with the Corporate Complaints Manager to formulate a specific improvement plan to address areas requiring development in a bid to continuously improve our complaints management.



10. Responding to complaints and concerns about quality relating to external service providers

The Council is responsible for ensuring its contracted providers meet the high standards they have been set.

The Council requires all external providers of care and support services to operate a complaints procedure. For services regulated by the Care Quality Commission under the Care Standards Act 2000 (Homecare, Residential Care and Supported Living), this is a statutory requirement. For services that are not regulated, there is no statutory requirement but all new contracts for services commissioned by the Council include a requirement to have a complaints procedure. This is also examined during the procurement process.

Where a person who used social care services or their representatives raises a concern about the quality of an external provider with the Council, the Care Quality Service logs the matter and passes it to the provider to investigate, in line with their complaints procedure. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, Adults and Communities may take further action, through the complaints process if this is the most appropriate route.

We take complaints about providers very seriously, both to ensure individuals and their carers receive high quality services and to learn lessons and make improvements more widely where necessary.

If it is found that a provider regulated by the Care Quality Commission (CQC) does not meet the CQC's fundamental standards, the Council will inform the Commission, taking action first and foremost to ensure the safety of individuals and, once this is established, working with the provider to improve their standards.

Monitoring Care Quality

The quality of care and support services is monitored by the Care Quality Service through a range of contract compliance mechanisms. These include:

- Contract monitoring visits, which include a review of complaints management by the provider.
- Quality alerts, which are written / telephone / electronic communications alerting us to a shortcoming in the delivery of a service.
- Working with the Care Quality Commission as appropriate when services do not meet the fundamental standards below which the provision of regulated activities and the care people receive must never fall.
- Responding to any other events, including safeguarding incidents which indicate that the provider is not fully complying with contractual requirements.

The table below provides a breakdown of concerns about external provider quality that were passed to those providers to investigate and those that were managed within Adults and Communities in the past three years:

	2015 - 2016	2016 - 2017	2017-2018
Complaints and quality alerts	146	123	94
Complaints managed within Adults and Communities	28	7	3
Total	174	130	97

The number of complaints and quality alerts managed through the Care Quality Team has reduced from 130 last year to 94 in 2017/18. Analysis of these events shows that:

- 47 were about the quality of service provided
- 7 related to the conduct of staff
- 28 concerned the non-delivery of service
- 12 were in relation to timekeeping.

Issues about non-delivery of service and quality of service and staff provided by homecare agencies accounted for the majority of both complaints and quality alerts managed by providers, and complaints about providers managed by Adults and Communities, in 2017-18.

Improving Care Quality

The Care Quality Service works with both:

- Care Homes and Supported Living Providers
- Home & Community Services

The teams include staff from a range of different disciplines, including social work professionals, registered managers, the Care Quality Commission and qualified nurses to work with providers in partnership to deliver high quality services.

The service delivers a range of practice sharing and training events including:

- Monthly Practice Forums (supported by Skills for Care).
- Action Learning Sets.
- Specialist Network Support groups including Learning Disabilities, Mental Health, Older Adults, Activity Co-ordinators and Nurses.
- Specialist workshops run in conjunction with other professionals, for example Barnet CCG, North London Hospice, Safeguarding month and Mental Capacity month events.
- End of Life care planning.

The reduction in complaints and alerts highlights the positive work carried out with providers by these services. Through the provision of training, monitoring, support and engagement strong working relationships have been formed. This approach facilitates providers in raising concerns with us, and to seek guidance/support before they become an issue or complaint.

An example of the positive impact of this level of engagement is that currently all contracted homecare providers in Barnet have a CQC inspection rating of 'requires improvement' or above. None are rated as inadequate or contractually under formal action.

	<div>AGENDA ITEM 9</div> <h2 style="text-align: center;">Adults and Safeguarding Committee</h2> <h3 style="text-align: center;">26 November 2018</h3>
Title	Business Planning 2019-2024
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Corporate Plan Appendix B: Additional priorities and approach to delivery Appendix C: Medium Term Financial Strategy (MTFS) and savings proposals for Committee Appendix D: Fees and Charges
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Summary

The development of the Council's Corporate Plan and Medium Term Financial Strategy have been aligned to cover the next five years (2019-2024). This paper sets out the priorities for the Adults and Safeguarding committee that make-up the corporate plan, as well as committee specific priorities. It also sets out the savings proposals that have been developed for this period, totalling £14.1m, with an additional £0.8m identified in one off income, for approval by the Committee. Further, the report provides a progress update on the delivery of this year's (18/19) MTFs savings and recovery plans. The Committee is asked to note the progress of these as well as approve the proposals for using the additional 2018/19 winter funding announced by the Secretary of State for Health and Social Care in October 2018. A final budget will be considered by Policy and Resources Committee on 20 February 2019 before being recommended to Council on 5 March 2019. The final Corporate Plan will be published following this.

Officers Recommendations

- 1. That the Committee notes the corporate priorities in Appendix A; and approves the additional priorities and approach to delivery for the Adults and Safeguarding Committee, as set out in Appendix B**
- 2. That the Committee consider the MTFs proposals that relate to the committee as set out in Appendix C after having considered the initial equalities impacts and refer their comments to Policy and Resources Committee for eventual decision by Full Council.**
- 3. That the Committee consider the savings proposals for the next financial year as set out in Appendix C subject to the initial equalities impacts and refer them to Policy and Resources Committee for consultation and eventual decision by Full Council.**
- 4. That the Committee agrees the proposed fees and charges to take effect from 1 April 2019 – 31 March 2020**
- 5. That the Committee notes the progress made on in-year financial recovery**
- 6. That the Committee approves the proposals for use of the additional 2018/19 central government funding for winter, as set out in paragraphs 2.19-2.22.**

1. WHY THIS REPORT IS NEEDED

- 1.1 This report is required as part of the business planning process, to discuss and approve the priorities for the Adults and Safeguarding Committee to 2024. The report also seeks Committee approval for the savings programme within its authority to be recommended to Policy and Resources Committee. Additionally, the report sets out the in-year financial position of this Committee, with an update on the delivery of in-year savings and recovery actions to offset the in-year budget pressure.

2. STRATEGIC CONTEXT

- 2.1 The council wants to create successful places, achieve great outcomes, deliver quality services and develop resilient communities. But, like all councils, it faces an

increasingly difficult financial challenge, with funding sources not keeping pace with demand and uncertainty about how services will be funded in the future.

- 2.2 The council has successfully risen to its financial challenges thus far, evidenced by delivering savings in excess of £155million since 2010. It was highlighted at the June 2018 Policy and Resources Committee that the council faced difficulty in balancing its in-year position with a forecast overspend of £9.5m. Since then, hard work has resulted in this being reduced; however, there is still some way to go to fully balance.
- 2.3 Looking ahead, it is anticipated that these challenges will continue. Through refreshing the council's medium term financial strategy (MTFS) the council now faces an anticipated budget gap of £69.9m to 2023/24. This includes the savings of £17.3m already identified for 2019-20, plus a further gap of £52.6m to 2023/24.
- 2.4 To address that gap, the council will need to make some tough decisions about priorities and how limited funds are spent. This may mean that the council stops doing some things or does them in very different ways, as well as looking at how it can find opportunities to generate more income.
- 2.5 Despite the challenges, the council is ambitious for Barnet and the people that live and work here. During this time of significant challenge, the council has seen levels of resident satisfaction remain high both in terms of satisfaction with the council as well as with the range of local services. The latest Residents' Perception Survey (Autumn 2017) indicates that 85 per cent of residents are satisfied with Barnet as a place to live and 65 per cent feel that the council is doing a good job.
- 2.6 The council must now prioritise its limited resources effectively and develop plans for the next five years to deliver both statutory duties and ambitions for Barnet within these financial constraints. The council wants to ensure residents get a fair deal by maximising opportunities, sharing responsibilities with the community and partners, and working effectively and efficiently.
- 2.7 To ensure the council has a plan that reflects local priorities, as well as a financial strategy that will support a financially sustainable position, the development of the Corporate Plan and MTFS have been aligned to cover the next five years (2019-to 2024). This will help to ensure we have a medium-term plan of how we will allocate our limited resources in line with what we want to achieve for the borough. The priorities within the Corporate Plan will be approved by Policy and Resources committee on 11 December.
- 2.8 The Corporate Plan, known as Barnet 2024, is being refreshed to reflect the priorities of the new administration which was elected in May 2018, and resident feedback on what matters. Feedback has been captured through public consultation and engagement that took place over the summer of 2018. The Corporate Plan, Barnet 2024, will set the strategic direction of the council, including outcomes for the borough, the priorities we will focus limited resources on, and how we will approach delivery.
- 2.9 The three outcomes for the borough focus on place, people and communities:
 - A pleasant, well maintained borough that we protect and invest in

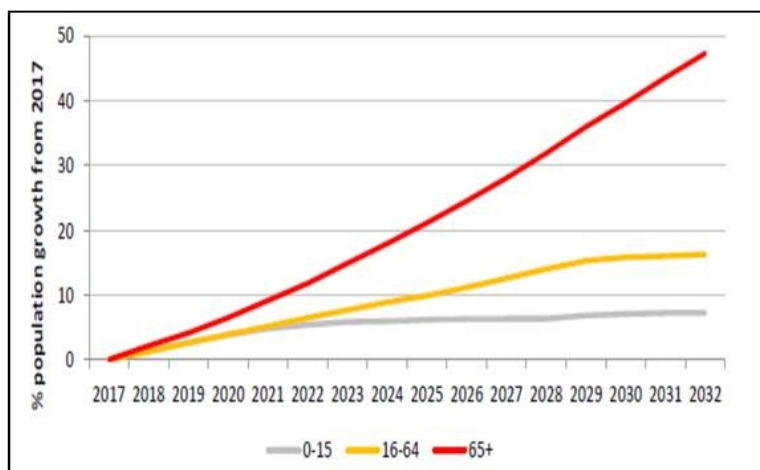
- Our residents live happy, healthy, independent lives with the most vulnerable protected
- Safe and strong communities where people get along well

The full list of corporate priorities for the next five years that support these outcomes, and the approach to delivery, can be seen in Appendix A.

- 2.10 To support delivery of the outcomes in the Corporate Plan, Barnet 2024, the theme committee will be responsible for delivering any corporate priorities that fall within its remit, as well as any additional priorities that relate to matters the Committee is responsible for under its Terms of Reference.
- 2.11 These priorities will inform an annual theme committee delivery plan which will set out the key activities, performance indicators/targets, and risks in relation to the corporate and committee priorities. Delivery plans will be approved by Theme Committees in early 2019 and will be refreshed on an annual basis.

Adult Social Care Context

- 2.12 A recent benchmarking exercise based on 2017 figures¹ showed that Barnet was the 31st lowest spending authority on adult social care out of 152 England authorities (where 1 = lowest and 152 = highest), decreasing from the 34th lowest in 2014.
- 2.13 The total adult social care net budget for 2018/19 is £95.4m. There is continued pressure on this budget, largely driven by the numbers of adults requiring care and support, the complexity of presenting care needs and inflation of providers' care costs. As an illustration, the graph below shows the significant increases of older adults in Barnet from 2017 onwards, and between 2014/15 and 2017/18, the number of LD clients we supported rose from 850 to 933.



- 2.14 Barnet's challenge is echoed nationally, with the Joint Select Committee for Health and Local Government stating that 'social care [is] under great strain due to rising demand for services at a time of increasing costs and reductions in social care budgets'². According to reports, the pressure from increasing levels of social care

¹ Using national Adult Social Care Financial Reporting data, per head of population

² House of Commons Health and Social Care and Housing, Communities and Local Government Committees report <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf>

need based on increasing numbers of older adults and adults with disabilities has been estimated at 2.8%, contributing to a funding gap in London of over £250m by the end of the decade³. The recently published National Audit Office Factsheet sets out the links between increasing longevity, increasing social care needs (including complexity of need) and increases in the costs of care.

2.15 The Adult Social Care Outcomes Framework (ASCOF) 17/18, a national performance report⁴, showed that the Council:

- Maintained or improved on strong performance against key indicators for strengths-based practice, ranking highly in our comparator group of 16 authorities.
- Had a 63.6% overall satisfaction rate (the proportion of people who were 'very' or 'extremely' satisfied with their care and support), second highest in our comparator group, an increase of 1.9% on the previous year
- Continued to admit relatively few people to residential care, with the second lowest admissions rate for older adults and the fourth lowest for working age adults (within our comparator group)
- Enabled positive outcomes for adults with learning disabilities, with 78.7% supported to live independently, an increase of 7.1% on the previous year
- Performs less well in support people with mental health issues into employment and stable accommodation, respectively ranking 12th and 15th in the comparator group
- Is improving performance in relation to joint working with the NHS, for example in numbers of delayed transfers of care (DToc) from hospital, which fell from 6.2 to 3.9 delays per day per 100,000 people.⁵

Corporate and Committee Priorities

2.16 The corporate priorities for the Adults and Safeguarding Committee, the additional priorities identified for approval, and the strategic approach to delivery is set out in Appendix B.

In year (2018/19) financial recovery

2.17 In September, the Committee received an update report on the Adults and Communities in year budget position, the achievement of savings, and progress with recovery actions to balance the budget position. This set out:

- That against an MTFS savings target of £3.0m, £1.1m had been achieved. Undeliverable savings from the original savings lines were substituted with additional fairer contributions income, meaning that the whole £3.0m savings target was projected to be achieved.

³ ADASS Budget Survey, 2017 <https://www.adass.org.uk/media/5995/adass-budget-survey-2017-the-slides.pdf>;

<https://www.londoncouncils.gov.uk/our-key-themes/health-and-adult-services/adult-social-care/social-care-funding-gap>

⁴ Run by NHS Digital. It measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. <https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof>

⁵ This is calculated using a rolling average across the 12 months in 17/18. Since November 2017, delays have been held at a substantially reduced level as reported in our quarterly performance report.

- That additional pressure on the Adults budget, driven by demography and complexity leading to increased spend on care, was £4.4m, before recovery savings were taken into account.
- That officers had identified recovery savings (which are additional to MTFS savings) totalling £3.6m, to offset this pressure, leading to a forecast annual overspend of £790k (approximately 0.8% of the budget).
- The service and delivery risks associated with the recovery savings, as well as the mitigating actions and governance arrangement in place to manage them.

2.18 The updated position, based on September (month 6) budget monitoring is that:

- An additional £144k of financial savings have been delivered, with all remaining savings still projected to be achieved.
- The forecast annual overspend on the Adults 2018/19 budget has increased by £791k. This has been the result of a one-off transfer of £300k of IT (Mosaic) project staff costs from capital to the revenue budget and £491k of additional client care costs.
- Officers have identified £350k of additional recovery savings, through further capitalisation of equipment and assistive technology costs, increasing the total recovery savings to £3.9m.
- £3.1m of these recovery savings have been delivered, with officers currently forecasting that the remaining £0.8m will all also be delivered.
- A full breakdown of the status of each recovery saving and the associated risks is contained within Table 1, below. Confidence in delivering additional income through financial assessments and Transforming Care has increased since the last report to Committee. Assessed service impacts and mitigations remain the same.
- Based on month 6 finance reporting, the Council's adult social care budget is therefore projected to overspend by £1.23m (1.3% of the total budget) in 2018/19. The forecast includes projected care spend over the 2018/19 winter period. The forecast overspend may be offset by the recently announced central government winter funding allocation of £1.4m (see below). However, there remains a risk that actual pressures over the winter period could be worse than currently forecast. Based on previous years, the impact of this could be estimated at an additional £400k, but this is hard to calculate with certainty at this point in the year. This risk will be kept under close review, with revisions to the forecast being made if required.
- Officers are therefore continuing to identify further recovery actions and increase the impact of existing recovery plan actions.

Table 1: Recovery actions with status

Action	Planned value (£'000s)	Delivery Status	Delivery of saving risk rating (RAG)	Potential service impact	Mitigation / monitoring
Income / Finance					
Ensure Continuing Health Care Contributions are achieved where appropriate	408	In Progress		None	
Secure additional income through speeding up financial assessments in DP refunds	120	In progress	£120k likely to be secured by increasing capacity within the team	None: income received is in line with Fairer Contributions Policy	
Capitalisation of equipment / telecare spend	100	Complete		None	
Additional capitalisation of equipment / telecare spend (new saving)	350	Complete		None	
Negotiate for addition NHS funding for hospital work	90	Complete		None	
Ensure Transforming Care Income received	160	Complete		None	
Realignment of Public Health Reserves	600	Complete		None	
Release of care package payment accruals	105	Complete		None	
Further Underspend in DU (non-placements)	100	Complete		None	
Negotiate with providers	1,330	Complete		Potential impact on	Inflationary awards agreed in contracts have been paid, and an

to constrain uplifts				provider stability and willingness to work with the authority.	evidence-based bidding process is carried out every year using a business case model. Fees to providers are aligned with our framework agreements, the care funding calculator (national tool), and our minimum pricing framework. The impact of inflationary constraints is monitored by senior managers and ongoing provider relationship management is part of the Commissioning and Care Quality functions.
Staffing					
Hold vacant posts.	N/A – this is contained within budget projections	Complete		This reduces the overall capacity within the service.	Practice quality is monitored and managed through the A&C Quality Board and Barnet Adults Safeguarding Board (BSAB). Quality performance indicators are reported to the BSAB Performance and Quality Assurance subgroup. Caseload levels and waiting times for service users are monitored closely by senior management. For example: in the three locality social work teams the average caseloads are 12 (from 14 in September), 12 (16) and 18 (16); and in mental health teams the average caseload is 20. Complaints levels remain steady. Supervision support, training and development opportunities are available to staff. Our quality assurance processes monitor and improve the quality of supervision.
Transition agency staff to fixed term / permanent posts	229	In Progress		None	
Hold Joint Commissioning Unit staffing vacancy	30	Complete		Small reduction in mental health commissioning capacity	Managed as part of business as usual by Assistant Director for Adults Joint Commissioning
Commissioning efficiencies					
Confirm Neighbourhood Services contract saving	40	Complete		None: no reduction in service level	
Maximise use of Your Choice Enablement contract, reducing need to broker other	100	In progress	Some risk given need to maintain flexibility within provision to enable	None	

homecare			discharge to assess from hospital		
Joint Commissioning Unit budget underspends	150	Complete		None	
Demand Management					
Increase speed of hospital reviews	TBC	In progress	Tracking underway	BILT resource realigned but should have neutral / positive client impact as reviews done quicker and eligible needs will continue to be met	
Total	3,912				

2018/19 Central Government Winter Funding

- 2.19 In October 2018, the secretary of state for health and social care announced an additional £240m for local authorities in England to help address increased demand for care over the winter period. The funding will be distributed in accordance with the relative needs formula (RNF). Barnet's allocation is £1.4m. The funding must be used for: reducing delayed transfers of care (DToC); helping to reduce extended lengths of stay; improving weekend discharge arrangements; and speeding up the process of assessing and agreeing what social care is needed for patients in hospitals.
- 2.20 Councils must consult NHS partners on their plans to use the funding and report to the Department of Health and Social Care on its use, stating the amount of care additional to plan that the funding will be used to buy.
- 2.21 It is proposed that the funding is used to purchase care and support for people with eligible care needs, that is above annual planned levels of activity and budgets. This will likely be for older adults people with physical disabilities and people with mental health problems, facilitating discharge from hospital. This is in line with the funding conditions and reflects areas of pressure for the NHS in terms of hospital discharge.

Adults and Safeguarding Committee Savings

- 2.22 To address the budget gap between 2019 and 2024, Theme Committees have been asked to set out savings proposals to contribute to the council's overall savings requirement.
- 2.23 As set out in table 2, £13.8m of savings relating to this Committee have currently been identified. In addition, two one-off sources of income have been identified, each of an estimated value of £400k. These are noted separately from the savings line as they are not a recurring saving. These are:
- In 19/20, the sale of leisure centre naming rights if a willing sponsor can be found; and
 - In 20/21, windfall income from the impact of the new pre-paid card solution, based on historic unspent funds.

Table 2: Adults and Communities Savings: amounts identified (£000s)

Year:	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Maximum savings identified	-£6,330	-£3,586	-£1,724	-£1,332	-£1,092	-£14,064
One off income (not an ongoing saving)	-£400	-£400				-£800

- 2.24 The approach to identifying savings has been guided by the council's Priority Spending Review (PSR) process, which set out four themes to support the identification of savings: decommissioning, efficiency, income and managing demand. The table below shows how savings have been identified against each of these themes. Several savings lines are continuations or expansions of savings that

had previously been identified for 19/20, as part of the last MTFS cycle. These are underlined in the table below.

2.25 The overall savings strategy can be summarised as:

- Building on recent successes such as the implementation of strengths-based practice, to ensure that we maximise the independence and therefore reduce the cost of both new and existing clients;
- Reducing spend on staffing and preventative contracts; focussing on the delivery of statutory (Care Act 2014) duties in a way that minimises the chance of creating additional demand and cost in the system;
- Improving our efficiency using digital solutions, meeting client needs in more cost-effective settings and reducing bad debt / mis-spending of direct payments; and
- Generating additional income wherever possible, with a particular focus on our leisure provision

Table 3: Savings identified against themes

Theme	Savings identified
Decommissioning	<ul style="list-style-type: none"> • Rescoping and targeting of prevention contracts leading to savings of £670k across the MTFS period while maintaining an effective prevention offer • Reductions to staffing budgets totalling £800k, in addition to absorbing pressures from unified pay and reward uplifts and continuing to hold vacancies.
Efficiency	<ul style="list-style-type: none"> • A reduction to printing costs totalling £50k • Implementing a pre-paid card solution to ensure that underspent or mis-spent direct payments are returned to the Council. The predicted impact of this is £500k ongoing saving, in addition to the one-off windfall mentioned above • Reducing levels of bad debt by £200k • Meeting eligible needs in the most cost-effective settings, rather than prioritising community-based placements, with an expected impact of £425k.
Income	<ul style="list-style-type: none"> • Utilisation of the Better Care Fund and Improved Better Care Fund totalling circa £2m • Changing VAT structures within the GLL (leisure) contract to realise £500k of additional income • Increasing income through leisure provision, up to £2.7m over the period.
Managing demand	<ul style="list-style-type: none"> • Maintaining affordable levels of inflation on care and support packages, while continuing to meet statutory duties, with an impact of £3m over the period • Continuing to maximise the use of assistive technology to reduce dependency on traditional care services across client groups, reducing care costs by £300k • Building and using additional Extra Care Housing services, saving circa £460k from residential care costs. • Reducing spend on Learning Disabilities services through: continued transformation of Your Choice Barnet supported living

	<p>and day care services; increasing the independence of those transitioning from Families and Education services; and working with current clients, their families and providers to maximise independence. These savings total circa £1.5m</p> <ul style="list-style-type: none"> • Reducing spend on older adults and clients with physical disabilities, by using technology, equipment, adaptations and strength based working to promote the independence of existing clients. These savings total circa £190k • Reducing spend on Mental Health provision by continuing to review clients and put in place more independence-focussed care packages.
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2.26 Table 4 sets out the full list of savings initiatives, along with the profiling of identified savings across each year of the MTFS period. Greater detail, including the approach to managing equalities impact and consultation, is contained in Appendix C. Each proposal has been risk-assessed, with the most significant risks contained within section 6.5.

Table 4: Savings initiatives by MTFS year

Ref	Title (<u>continuation / expansion of previous MTFS proposal</u>)	2019/20	2020/21	2021/22	2022/23	2023/24	Total
		£000	£000	£000	£000	£000	£000
E2	Staffing reductions	(682)	(113)				(795)
E3	Transformation of Your Choice Barnet	(227)	(369)				(596)
E4	Rescoping and targeting of prevention contracts	(370)	(255)	(43)			(668)
E5	Reduction in cost of assistive technology management costs		(155)				(155)
E6	Meeting eligible needs in more cost-effective settings	(424)					(424)
E7	Reduction of printing	(25)	(25)				(50)
I1	BCF	(647)					(647)
I2	iBCF	(1,391)					(1,391)
I3	Maintaining affordable levels of inflation on existing care packages	(1,000)	(500)	(500)	(500)	(500)	(3,000)
I4	Prepaid card solution	(250)	(250)				(500)
I5	Reduction of bad debt	(100)	(50)	(50)	(50)	(50)	(300)
I8	VAT efficient leisure contract		(61)	(124)	(159)	(185)	(528)
I9	Additional leisure (SPA) income	(249)	(1,096)	(747)	(373)	(258)	(2,723)
R1	<u>Increasing the independence of older adults / clients with physical disabilities</u>	(192)					(192)
R5	<u>Assistive Technology</u>	(300)					(300)
R8	<u>Support for working age adults</u>	(285)	(500)	(100)	(150)		(1,035)
R9	<u>Mental Health service user independence</u>	(188)	(112)				(300)
R10	<u>Extra-Care Housing 2 (Stagg House)</u>		(100)	(160)			(260)
R11	<u>Extra-Care Housing 3 (Cheshir House)</u>				(100)	(100)	(200)

Further savings

2.27 Officers are continuing to explore options for further savings to support the Council's overall financial position. If achieved, these would total circa £5.5m of savings. However, there are currently no finalised proposals for **how** these would be achieved. They include:

- An additional 5% staffing reduction in 22/23, with a value of approximately £725k
- An additional £800k saving on care spend for older adults / clients with physical disabilities, for example through more targeted prevention, reducing hospital admissions and using Occupational Therapists to reduce the needs for double handed care.
- The use of robotics / emerging technology in later years, dependent on functionality, market readiness and cost
- An additional £2.5m saving on care spend for clients with a Learning Disability, based on reducing spend per population for this client group to the level of the lowest quartile of London authorities
- An additional £1.5m saving on care spend for clients with Mental Health needs, based on reducing spend per population for this client group to the level of the lowest quartile of London authorities.

Core leisure fees and charges

2.28 Section 6.4 of this paper references the Council's financial regulations including fees and charges.

2.29 The core fees and charges for the Adult Social Care Services are reviewed for care at the same time as changes to DWP benefits/allowances, normally notified of these changes around January/February of each year.

2.30 All changes to fees and charges for clients who receive a chargeable care service from 9th April 2019, where the increase in fees and charges are by an amount of less than 2% above the rate of inflation, will be approved via Chief Officers Decision as per procedure. Increases above the 2% will be approved by The Adults and Safeguarding Committee, as the relevant Theme Committee responsible for agreeing the introduction of new fees and charges.

2.31 The changes apply to the assessment of contributions towards residential, respite and community-based services care services.

2.32 Contributions towards the cost of community based services are made in accordance with the Council's Fairer Contributions Policy. The Fairer Contributions Policy has already been subject to a committee report and officer delegated powers report. Fees and charges are assessed on ability to pay, taking into account assessable income, savings and outgoings.

2.33 The core fees and charges for the leisure contract sit below the rate of inflation (CPI) and have been approved via Chief Officers Decision in line with the council's constitution.

2.34 The leisure contract fees and charges schedule provided for a new service: a nursery provision at Burnt Oak Leisure Centre. The Adults and Safeguarding Committee, as

the relevant Theme Committee, is responsible for agreeing the introduction of new fees and charges.

- 2.35 The nursery provision at Burnt Oak Leisure Centre is a new service scheduled to open in early 2019. The draft schedule attached as Appendix D includes a pricing structure for Burnt Oak Nursery.
- 2.36 Pricing has been designed and informed by market research and an evaluation of nursery services within the Burnt Oak locality. The nursery pricing structure will be fully compliant with the government entitlement scheme, providing free nursery hours for 2 and 3 year olds.
- 2.37 This responds to findings of the Council's 2015 childcare sufficiency assessment which identified Burnt Oak as having the lowest number of 2 year olds accessing free entitlement to early year's education due to a shortage of nursery places. There are a disproportionately high number of disadvantaged families in areas such as Burnt Oak and Colindale where regeneration over the next five years will create more affordable housing and jobs for local people, further supporting the requirement for additional childcare services.
- 2.38 The proposed nursery fees and charges have been reviewed and approved as acceptable by the Council's Early Years' service.

3. REASONS FOR RECOMMENDATIONS

- 3.1 Local Government continues to face significant reductions in funding and increased demand for services, as set out in the above context. These challenges require longer term, robust financial and strategic planning and the recommendations in this report support this.
- 3.2 By law, the council is required to set a balanced budget. These proposals are the best way of doing that by meeting financial requirement and delivering outcomes and ambitions for Barnet.

4. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 4.1 The alternative option is not to approve the MTFS and the additional priorities. This, however, is not considered to be good practice and may expose the council to the risk of not achieving the savings targets.

5. POST DECISION IMPLEMENTATION

- 5.1 As part of recommendation 1, following approval of the priorities that sit within this committee, plans will be developed to deliver these. If the Adults and Safeguarding Committee approves recommendation 2 made by this report, then the savings proposals will be referred to Policy and Resources Committee on 11th December as part of the Council's Medium Term Financial Strategy (MTFS). Public consultation on the MTFS will commence in December.

6. IMPLICATIONS OF DECISION

6.1 Corporate Priorities and Performance

- 6.1.1 The Council's corporate plan, which sets out the outcomes, priorities and approach, has been refreshed for 2019 to 2024, alongside the Medium Term Financial Strategy for the same period. The updated corporate priorities can be seen in Appendix A. Committees may also have specific additional priorities they will deliver alongside this. The performance indicators/targets for the corporate and committee priorities will be updated in early 2019 as part of the theme committee delivery plans.

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

- 6.2.1 The Adults and Safeguarding Committee savings programme will enable the council to meet its savings target as set out in the MTFS. These budgets will be formally agreed each year, and individual proposals will be subject to appropriate consultation and equality impact assessments where necessary. For this reason, the proposals are subject to change.

6.3 Social Value

- 6.3.1 The Public Services (Social Value) Act 2012 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.

6.4 Legal and Constitutional References

- 6.4.1 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.
- 6.4.2 Section 31A of the Local Government Finance Act 1992 requires billing authorities to calculate their council tax requirements in accordance with the prescribed requirements of that section. This requires consideration of the authority's estimated revenue expenditure for the year in order to perform its functions, allowances for contingencies in accordance with proper practices, financial reserves and amounts

required to be transferred from general fund to collection fund.

- 6.4.3 Local authorities owe a fiduciary duty to council tax payers, which means it must consider the prudent use of resources, including control of expenditure, financial prudence in the short and long term, the need to strike a fair balance between the interests of council tax payers and ratepayers and the community's interest in adequate and efficient services and the need to act in good faith in relation to compliance with statutory duties and exercising statutory powers.
- 6.4.4 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees.
- 6.4.5 The responsibilities of the Adults and Safeguarding Committee can be found here: <http://barnet.moderngov.co.uk/documents/s47983/08Article7CommitteesForumsWorkingGroupsandPartnerships.doc.pdf>. Responsibilities include:
- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
 - (2) Work 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.
 - (3) To submit to the Policy and Resources Committee proposals relating to the Committee's budget for the following year in accordance with the budget timetable.
 - (4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
 - (5) To receive reports on relevant performance information and risk on the services under the remit of the Committee.
- 6.4.6 The council's Financial Regulations can be found at: <http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>
- 6.4.7 For the fees and charges within their remit, theme committees approve changes to fees and charges that are above CPI inflation by 2% or more, the introduction of new fees and charges, and changes to fees and charges outside the normal annual cycle.
- 6.4.8 Changes to fees and charges approved by Theme Committees, must be reported to Policy and Resources Committee for noting.
- 6.4.9 Some of the proposals, particularly around savings resulting from alternative support packages, placements and use of prepaid cards, relate to savings resulting from operational decisions being made in a different way and are therefore estimated savings. Decisions on care packages will continue to be made on a case by case basis, within the legal framework. The saving is therefore an indicative saving and its deliverability will be dependent on a number of factors. As part of the budget setting process, Policy and Resources Committee will consider the need for an appropriate contingency to cover any savings that are indicative and may not be met due to operational decisions. Some of the proposals in the MTFS relate to proposals that

are at a very early stage. These proposals will be subject to further business planning and decision making to test whether they can be delivered and what the impact of such a proposal will be. These proposals will be considered in further detail during future business planning reports.

6.4.10 All proposals emerging from the business planning process will need to be considered in terms of the council's legal powers and obligations (including, specifically, the public-sector equality duty under the Equality Act 2010).

6.5 Risk Management

6.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks associated with the saving proposals will be outlined within the theme committee reports as each proposal is brought forward for the Committee to consider.

6.5.2 An integral part of the Theme Committee delivery plans will be identifying any risks to delivering the corporate or committee priorities and key activities.

6.5.3 The initial risk assessment has identified the following as the most significant risks:

Project / savings line	Risk description(s)	Mitigation approach (if possible)
All demand management savings	<ul style="list-style-type: none"> • Savings are inherently unpredictable given that they are linked to individual circumstances and needs • Barnet is a low-spending authority on social care, and has already delivered significant efficiencies and minimised 'overprovision'. Savings are therefore often reliant on meeting complex needs in different ways, which is challenging • Monitoring of savings is complex due to the challenges of predicting 'baseline' demand and avoided costs. 	<ul style="list-style-type: none"> • Service and finance colleagues will continue to work closely together to maximise savings achieved and evidence of this.
Staffing reductions	<ul style="list-style-type: none"> • Reductions could lead to deterioration in service delivery (e.g. longer waiting times) • Reductions in capacity could impact the ability of the service to deliver other financial savings lines (e.g. those dependent on completing social work reviews). 	<ul style="list-style-type: none"> • Proposals are being developed that take advantage of existing vacancies and maintain front line provision • Service performance, quality and satisfaction is monitored by senior managers and reported to members.
Refocussing of	<ul style="list-style-type: none"> • Changes to contracts could lead to increased cost / demand elsewhere in 	<ul style="list-style-type: none"> • Changes have been designed to minimise impact, but any

prevention offer	the system	impact will be tracked
Meeting eligible needs in more cost-effective settings	<ul style="list-style-type: none"> • Could result in a deterioration of service as some clients may not receive the offer of community-based support, which may be their / their carers' preference. This could also result in increased numbers of complaints. 	<ul style="list-style-type: none"> • Residential care will only be put in place where appropriate to meet eligible needs. The views of clients, families and carers will continue to be taken into account through assessment, support planning and reviews.
Provider inflation	<ul style="list-style-type: none"> • Negotiations could impact on market stability and the quality of care if provider profitability is threatened. This could lead to increased cost elsewhere in the system and impact clients if they have to transition to other providers. 	<ul style="list-style-type: none"> • Officers will need to continue maintain an element of flexibility and work closely with providers to avoid reductions in service levels / provider failure.
Bad debt	<ul style="list-style-type: none"> • Achievement of the savings will require the implementation of a more robust recovery process and effective cross-departmental working. It could result in increased numbers of complaints. 	<ul style="list-style-type: none"> • Officers will work closely with colleagues across the councils and members, and take a targeted approach to debt recovery
VAT efficient leisure contract	<ul style="list-style-type: none"> • Achievement of this saving is dependent on complex legal and tax arrangements and may therefore not materialise if legal and HMRC assurance is not received. 	<ul style="list-style-type: none"> • Completion of a thorough legal and HMRC review

6.5.4 Risks will be reviewed quarterly (as a minimum) by the Adults Communities and Health Programme Board and any high-level risks will be reported to the relevant Theme Committee and P&R Committee.

6.6 Equalities and Diversity

6.6.1 Equality and diversity issues are a mandatory consideration in the decision-making of the council. The Equality Act 2010 and the Public-Sector Equality Duty require elected Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place.

6.6.2 The public-sector equality duty is set out in s149 of the Equality Act 2010. A public authority must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and

- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.6.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
- c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

6.6.4 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled persons' disabilities.

6.6.5 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to:

- a) Tackle prejudice; and
- b) Promote understanding.

6.6.6 The relevant protected characteristics are:

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

6.6.7 Where there are changes to service delivery, these will impact on individuals in different ways. However, at each stage of the process, the council will conduct an equalities impact assessment (EIA) to ensure that where some current and future clients are impacted, proper measures are considered to minimise the effect as far as possible. Those affected by any changes resulting from any of the proposals will be engaged, as set out in Appendix C under 'Consultation'. Where necessary, proposals will not be implemented or agreed until members have fully considered the equality impacts and responses to any consultation.

6.6.8 The revenue savings sheet shown as Appendix C indicates that an equalities impact assessment has been carried out for eight savings proposals of which five are showing a positive/neutral impact on equalities and customer satisfaction as follows: E3 Transformation of Your Choice Barnet supported living and day-care services, R1 increasing independence of older clients and clients with physical disability through

adaptations and strengths based work, R5 Assistive Technology, R8 Support for Working age adults and R9 Mental Health service users moving to step down/independent accommodation. The equalities impact for E6, meeting eligible needs in more cost-effective settings, shows a potential negative impact where a council-funded community placement is the individual/family preference. However, the scale of the impact has been assessed as minimal as the views of the client will continue to be considered when devising support plans and eligible needs will continue to be met. The equities impact for E7, reduction in printing costs, shows no impact.

6.6.9 An equalities impact assessment has not been carried on income lines apart from I4 prepaid cards where a minimal positive impact is anticipated. An assessment will be carried on I3 Maintaining Affordable Levels of Inflation, as part of the provider negotiations process which will take place next year. Similarly, an equalities impact assessment has not been carried on line E4, Rescoping and targeting of prevention contracts, as this will be assessed on a contract by contract basis. Equalities will be considered on E5, R10 and R11 Extra Care Housing as proposals develop.

6.6.10 An EIA will be undertaken for E2 Staffing efficiencies prior to the launch of formal consultation. All human resources implications will be managed in accordance with the Council's Managing Organisational Change policy, which supports the Council's Human Resources Strategy and meets statutory equalities duties and current employment legislation.

6.7 Corporate Parenting

6.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. The outcomes and priorities in the refreshed Corporate Plan, Barnet 2024, reflect the council's commitment to the Corporate Parenting duty to ensure the most vulnerable are protected and the needs of children are considered in everything that the council does. Young people in care, and care leavers, who, when aged 18, meet eligibility criteria for adult social care, will be affected by these proposals in the same way as other disabled adults who require support under Care Act (2014) criteria.

6.8 Consultation and Engagement

6.8.1 As a matter of public law, the duty to consult with regards to proposals to vary, reduce or withdraw services will arise in four circumstances:

- Where there is a statutory requirement in the relevant legislative framework
- Where the practice has been to consult, or, where a policy document states the council will consult, then the council must comply with its own practice or policy
- Exceptionally, where the matter is so important that there is a legitimate expectation of consultation
- Where consultation is required to complete an equalities impact assessment.

6.8.2 Regardless of whether the council has a duty to consult, if it chooses to consult, such consultation must be carried out fairly. In general, a consultation can only be

considered as proper consultation if:

- Comments are genuinely invited at the formative stage
- The consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response
- There is adequate time given to the consultees to consider the proposals
- There is a mechanism for feeding back the comments and those comments are considered by the decision-maker / decision-making body when making a final decision
- The degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting
- Where relevant and appropriate, the consultation is clear on the reasons why and extent to which alternatives and discarded options have been discarded. The more intrusive the decision, the more likely it is to attract a higher level of procedural fairness.

6.8.3 Public consultation and engagement on the Corporate Plan took place between 16 July 2018 and 23 September 2018. The findings from this have been considered and incorporated into the draft document.

6.8.4 A total of 287 questionnaires were completed and 141 residents attended the three Question Time Leader led events.

6.8.5 Key headlines from the consultation are as follows:

- A clear majority of those responding to the questionnaire agree with all the outcomes the council is proposing to focus on for the next five years, with around nine out of ten respondents (90%) agreeing with each of the councils proposed outcomes.
- There was a similar level of agreement for the priorities set out under each outcome, with 80-90% of respondents agreeing with each of the priorities. The one exception to this was 'Delivering on our major regeneration schemes' where six out of ten agreed.
- Around 80% also agreed with the approach the council has outlined to deliver its outcomes over the next five years.
- When residents were asked to comment further, the main feedback was that they wanted more detail on how the priorities would be delivered and funded. This has resulted in more detail around the strategic approach to delivery being included in the draft corporate plan.
- Further comments on the outcomes, priorities and approach were very varied, the most common themes were around: street cleansing, tackling enviro-crime and anti-social behaviour, improving air quality and investing in sustainable transport methods. This feedback has now been incorporated and reflected in the draft plan.

6.8.6 Public consultation with residents and businesses on the overall budget for 2019-2024 will commence on 12 December 2018, subject to agreement from the P&R Committee on 11 December 2018. The final budget will then be recommended to P&R Committee on 20 February 2018 ahead of final approval at Full Council on the 5 March 2019.

6.8.7 In terms of service specific consultations, the council has a duty to consult with residents and service users in a number of different situations including proposals to significantly vary, reduce or withdraw services. Consultation is also needed in other circumstances, for example to identify the impact of proposals or to assist with complying with the council's equality duties. Service specific consultations will take place where necessary in line with timescales for any changes to be implemented.

6.8.8 Where appropriate, separate service specific consultations have already taken place and a link to the report presenting findings of the consultation is provided within the MTFS spreadsheet (Appendix C). Apart from public consultation on the overall budget, no service specific consultations are due to take place for the 2019/20 savings.

7. INSIGHT

7.1 The proposals in this paper have been informed by national benchmarking and local service data wherever this was accessible. Officers have also conducted best practice reviews into effective savings initiatives in other councils and organisations, including reviews of neighbouring councils' savings plans.

8 BACKGROUND PAPERS

8.1 Relevant previous decisions are indicated in the table below.

Item	Decision	Link
Adults and Safeguarding Committee 20 November 2014	Decision Item 7 -Business Planning	http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MIId=8098&Ver=4
Policy and Resources Committee 10 June 2014	Decision Item 6 - Corporate Plan and Medium Term Financial Strategy 2015/2016 to 2019/2020	https://barnetintranet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MIId=7856&Ver=4
Policy and Resources Committee 17 February 2015	Decision Item 9 – Sport and Physical Activity Review Outline Business Case	http://barnet.moderngov.co.uk/documents/s21208/Sport%20and%20Physical%20Activity%20Review%20Revised%20Outline%20Business%20Case.pdf
Adults and Safeguarding Committee 19 March 2015	Decision Item 8 – Adults and Safeguarding Commissioning Plan	Item 8 – Adults and Safeguarding Commissioning Plan
Policy and Resources Committee 24 March 2015	Decision Item 9 –The Better Care Fund 2015-2016– Agreement to enter into a Pooled Budget with NHS Barnet CCG	http://barnet.modern.gov.co.uk/documents/s22197/The%20Better%20Care%20Fund%202015-2016%20Agreement%20to%20enter%20into%20a%20pooled%20fund%2

Item	Decision	Link
		0with%20NHS%20Barnet%20CCG.pdf
Policy and Resources Committee 9 July 2015	Decision Item 10 - Business Planning – 2015/16- 2019/20	http://barnet.moderngov.co.uk/documents/s24390/Finance%20and%20Business%20Planning%20Medium%20Term%20Financial%20Strategy%20201617%20to%20201920.pdf
Adults and Safeguarding Committee 12 November 2015	Decision Item 7 - Business Planning – 2015/16	http://barnet.moderngov.co.uk/documents/s27181/Adults%20and%20Safeguarding%20Business%20Plan%202016-2017.pdf
Adults and Safeguarding Committee 12 November 2015	Decision Item 12 – A new Operating Model for Adult Social Care	http://barnet.moderngov.co.uk/documents/s27171/A%20new%20operating%20model%20for%20adult%20social%20care.pdf
Policy and Resources Committee 16 December 2015	Decision Item 7 - Business Planning – Medium Term Financial Strategy 2016-20	http://barnet.moderngov.co.uk/documents/s28174/Business%20Planning%20Medium%20Term%20Financial%20Strategy%202016-20.pdf
	Decision Item 12 - The relocation and redevelopment of Church Farm Leisure Centre and the redevelopment of Barnet Copthall Leisure Centre	http://barnet.moderngov.co.uk/documents/s28130/The%20relocation%20and%20redevelopment%20of%20Church%20Farm%20Leisure%20Centre%20and%20the%20redevelopment%20of%20Barnet%20Copth.pdf
Council 1 March 2016	Report of Policy and Resources Committee - Business Planning 2016-20	http://barnet.moderngov.co.uk/documents/s30002/Report%20to%20Council%20-%20Business%20Planning%202016-20.pdf
Adults and Safeguarding Committee 7 March 2016	Decision Item 7 - Updated Commissioning Plan	http://barnet.moderngov.co.uk/documents/s30106/Commissioning%20Plan%202016-17.pdf
	Decision Item 9 – Adults Social Care Delivery Model project Outline Business Case	http://barnet.moderngov.co.uk/documents/s30109/Alternative%20delivery%20model%20for%20Adult%20Social%20Care.pdf
Adults and Safeguarding Committee 16 June 2016	Decision Item 7 - Review of Your Choice Barnet Contract	http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8671&Ver=4

Item	Decision	Link
Adults and Safeguarding Committee 19 September 2016	Decision Item 9 - Revised Business Case on Adults Social Care Alternative Delivery Model and Implementation of the New Operation Model	http://barnet.moderngov.co.uk/documents/s34553/Revised%20Business%20Case%20on%20Adult%20Social%20Care%20Alternative%20Delivery%20Vehicle%20and%20Implementation%20of%20the%20Ne.pdf
Adults and Safeguarding Committee 10 November 2016	Decision Item 11 -Business Planning	https://barnetintranet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MIId=8674&Ver=4
Adults and Safeguarding Committee 23 January 2017	Decision Item 10 -Prevention and Early Support Review Consultation Report	https://barnetintranet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MIId=8675&Ver=4
Policy and Resources Committee 17 February 2017	Decision Item 9 -Sport and Physical Activity Review Revised Outline Business Case	https://barnetintranet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MIId=7865&Ver=4
Delegated Powers Report: Changes to the Council's Fairer Contributions Policy	Changes to the Council's Fairer Contributions Policy	https://barnet.moderngov.co.uk/mglssueHistoryHome.aspx?IId=34588&optionId=0
Budget Council, Council Tuesday 7 March, 2017	Decision Item 11- Report of Policy and Resources Committee – Business Planning 2017-2020	http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MIId=8819&Ver=4
Policy and Resources Committee Tuesday 27 June, 2017	Decision Item 15 Business Planning 2017-20	http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MIId=8736&Ver=4
Adults and Safeguarding Committee 19 September 2017	Decision Item 8 - Revised business case on adult social care alternative delivery vehicle and implementation of the new operating model	http://barnet.moderngov.co.uk/documents/s42239/Final%20recommendations%20on%20adult%20social%20care%20alternative%20delivery%20vehicle.pdf
Adults and Safeguarding Committee 6 November 2017	Decision Item 7 Business Planning	http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MIId=9233&Ver=4

Item	Decision	Link
Policy and Resources Committee 5 December 2017	Decision Item 10 Business Planning Medium Term Financial Strategy and draft budget 2018-2020	http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=8739&Ver=4
Policy and Resources Committee 13 February 2018	Decision item 13: Business Planning 2018-2020	http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=8742&Ver=4
Budget Council, Council 6 March 2018	Decision item 12: Report of Policy and Resources Committee Business Planning 2018-20	http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9162&Ver=4



DRAFT CORPORATE PLAN

October 2018





BARNET

Barnet is a fantastic place, with many people choosing to call our part of London home.

As a council, we want to create successful places, achieve great outcomes, deliver quality services and develop resilient communities. As we look to the future we want to build on our unique strengths: the parks and green spaces, excellent schools and diverse communities that get along and make an active contribution.

The pace of change in our world is fast, especially technology, so it's important that we move with the times, and make the most of the opportunities that come our way. This gives us the chance to embrace change and be innovative in the way that we deliver services.

Financial challenges

Like all councils, we're in a difficult financial situation, with more and more people needing our services, less money to spend, and uncertainty about how councils are funded in the future.

Our resources are limited, so we must be clear about what we can do and ensure that we care for the most vulnerable people whilst achieving a financially sustainable balance across the services we provide.

We need to save £69million over the next five years. That's on top of the £155million we've saved since 2010. To do that, the council will need to make the decisions we need to about priorities and how we spend our limited funds. We may need to stop doing some things or do them in a very different way. We will also look at how we can find opportunities to generate more income.

Ambitions for the future

Despite the challenges, we are ambitious for Barnet and the people that live and work here. We must now prioritise and use our limited resources effectively as we develop plans for the next five years.

We developed a draft plan – Barnet 2024 - which outlined outcomes we want to achieve for the borough, and priorities to focus on. These reflected what we know are important for Barnet, based on feedback from surveys, consultations, engagement events and your councillors. We also set out an approach for how we will deliver the plan within our budget.

We wanted to hear from residents, communities and businesses, so throughout the summer we gathered feedback through an online survey and events. We have taken those views on board and now incorporated them into a final draft.

What you told us

A key piece of feedback was wanting to see more detail around how we would be delivering on the priorities we've set out, as well as how they would be funded. We understand that it's important to demonstrate our approach in how we are going to achieve what we're setting out to do.

Therefore, we have now added in information around the 5-year strategic approach to delivery for each of our priorities, giving an extra level of detail. This will be further supported by the development of annual delivery plans for each Theme Committee, which includes the responsibility of delivering any corporate priorities that fall within its remit, alongside any additional priorities specific to the committee.

Further comments on our outcomes and priorities were very varied with the most common themes being around; street cleansing, tackling environmental crime and anti-social behaviour, improving air quality and investing in sustainable transport. As these have come out as particularly important areas to you, we have now reflected them with more emphasis within our corporate plan.

Feedback was also received on our approach for how we will deliver the plan within our budget, with comments relating to outsourcing of services, robust management of contract and service delivery arrangements and a commitment to remaining transparent in our work. There was also a clear theme around how we balance our council tax rates with being able to deliver services. This has been taken on board and language has been changed to ensure there is greater clarity around these points.

What next

The Barnet 2024 plan will be published in March 2019, alongside our Medium Term Financial Strategy.

2024

WHAT WE WANT TO ACHIEVE

Our proposed focus is on three main outcomes:

OUTCOME



OUTCOME



OUTCOME



PRIORITIES

A set of key priorities that we will be focussing on sit underneath each outcome, including detail of how we intend to deliver this. This doesn't aim to capture all that the council does, rather it provides a framework to guide us.

Barnet 2024 PRIORITIES

OUTCOME
A pleasant, well maintained borough that we protect and invest in

- Getting Barnet clean through efficient street cleaning services, minimising and recycling waste, and weekly bin collections
- Keeping the borough moving, including improvements to roads and pavements
- Getting the best out of our parks and improving air quality by looking after and investing in our greenspaces
- Ensuring decent quality housing that buyers and renters can afford, prioritising Barnet residents
- Investing in community facilities to support a growing population, such as schools and leisure centres
- Responsible delivery of our major regeneration schemes to create better places to live and work, whilst protecting and enhancing the borough

OUTCOME
Our residents live happy, healthy, independent lives with the most vulnerable protected

- Improving services for children and young people and ensuring the needs of children are considered in everything we do
- Integrating health and social care and providing support for those with mental health problems and complex needs
- Supporting our residents who are older, vulnerable or who have disabilities, to remain independent and have a good quality of life
- Helping people into work and better paid employment
- Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing
- Ensuring we have good schools and enough school places so all children have access to a great education

OUTCOME
Safe and strong communities where people get along well

- Keeping Barnet safe
- Tackling anti-social behaviour and environmental crime
- Celebrating our diverse and strong communities and taking a zero-tolerance approach to hate crime
- Ensuring we are a family friendly borough
- Focusing on the strengths of the community and what they can do to help themselves and each other
- Supporting local businesses to thrive

OUTCOME

**A pleasant,
well
maintained
borough that
we protect
and invest in**



Getting Barnet clean through efficient street cleaning services, minimising and recycling waste, and weekly bin collections

How we will deliver this:

- Supporting residents to reduce waste to below the London average by working on initiatives that promote waste minimisation and reuse
- Working with landlords and agents to reduce the hidden 'throw away' culture in many communal dwellings
- Fully utilising new street cleansing equipment
- Reducing bin clutter in town centres by continuing to implement time-banded collections

Keeping the borough moving, including improvements to roads and pavements

How we will deliver this:

- Improving the condition of our roads and pavements
- Encouraging the use of public transport, walking and cycling through the 'healthy streets' approach
- Lobbying for improvements to public transport and bringing back disused public transport such as rail lines
- Developing a cycle network to major destinations in the borough without impeding main traffic routes
- Promoting and continuing to roll out electric vehicle charging and car clubs
- Using enforcement to increase compliance and support traffic to move smoothly and safely

Getting the best out of our parks and improving air quality by looking after and investing in our greenspaces

How we will deliver this:

- Developing masterplans that deliver significant improvements to parks
- Delivering the tree planting programme across the borough to alleviate the effects of pollution
- Identifying sites for using green spaces to promote health and wellbeing
- Working with TfL and Highways England to improve air quality on the main network corridors and areas close to schools

Ensuring decent quality housing that buyers and renters can afford, prioritising Barnet residents

How we will deliver this:

- Increasing supply to ensure greater housing choice for residents
- Delivering new affordable housing, including new homes on council-owned land
- Prioritising people with a local connection and who give back to the community through the Housing Allocations Scheme
- Ensuring that good landlords continue to provide accommodation and that poor-quality housing is improved

Investing in community facilities to support a growing population, such as schools and leisure centres

How we will deliver this:

- Investing in community facilities such as;
 - new and replacement schools;
 - enhancing our indoor and outdoor sporting facilities;
 - maintaining our 21st century libraries
 - transformation of parks and open spaces

Responsible delivery of our major regeneration schemes to create better places to live and work, whilst protecting and enhancing the borough

How we will deliver this:

- Working with partners to deliver the Brent Cross Cricklewood scheme which includes; a new town centre, train station, 27,000 jobs and 7,500 new homes
- Working with The Barnet Group to deliver housing on smaller sites across the borough
- Continuing to invest in Colindale, including through;
 - progressing the development of Grahame Park
 - enhancements to Colindale tube station
 - ensuring that the major housing developments in the area contribute to an overall sense of place

OUTCOME

**Our residents
live happy,
healthy,
independent
lives with the
most vulnerable
protected**



Improving services for children and young people and ensuring the needs of children are considered in everything we do

How we will deliver this:

- Improving children's services to get a 'good' Ofsted rating
- Providing effective leadership and empowering staff
- Improving the social, emotional and mental health and wellbeing of children and young people
- Preventing young people from getting involved in violence, crime, exploitation and anti-social behaviour
- Being a good corporate parent to children in care and care leavers

Integrating health and social care and providing support for those with mental health problems and complex needs

How we will deliver this:

- Working with local NHS organisations, GPs and NHS Barnet Clinical Commissioning Group to provide more health and care services closer to home
- Working with the NHS to achieve timely discharge from hospital for patients
- Offering, and signposting to, prevention support for people to stay active and more independent in the community
- Developing joined up services for those with complex mental health needs to prevent crisis and to enable residents to fulfil their potential

Supporting our residents who are older, vulnerable or who have disabilities, to remain independent and have a good quality of life

How we will deliver this:

- Opening new extra care schemes for people that need additional support to remain living independently
- Providing enablement services that help people regain or increase their independence
- Using technology to enhance independence and assist with care
- Offering support for carers of people with dementia
- Providing equipment that allows people to stay more independent at home

Helping people into work and better paid employment

How we will deliver this:

- Working with partners to provide employment support
- Offering employment schemes and apprenticeships on the regeneration sites
- Offering specific support to help people find work such as care leavers, people with disabilities and Universal Credit claimants
- Promoting apprenticeships across Barnet and supporting businesses to make use of the apprenticeship levy

Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing

How we will deliver this:

- Delivering new indoor and outdoor sporting facilities and enhancing existing sporting facilities, and ensuring participation in sport and physical activity is accessible to all
- Giving residents access to health and wellbeing information and activities through the Fit and Active Barnet (FAB) framework
- Completing the implementation of the new leisure contract (which includes a range of well-being services such as; the Fit & Active Barnet Card, weight management services, falls prevention, diabetes control and dementia friendly sessions)
- Supporting people to maintain and improve their mental health and wellbeing by raising awareness, tackling stigma and discrimination and making mental health everyone's business
- Providing residents advice, guidance and screening on substance misuse and ensuring that access to treatment is available to those who need it most
- Implementing the Healthy Weight strategy focusing on promoting physical exercise and healthy eating in schools

Ensuring we have good schools and enough school places so all children have access to a great education

How we will deliver this:

- Planning and forecasting to deliver school places to meet identified needs
- Improving pupils' achievement and narrowing the attainment gap
- Improving outcomes for children and young people with special educational needs and disabilities
- Supporting children to have the best start in life and be ready for learning

OUTCOME

Safe and strong communities where people get along well



Keeping Barnet safe

How we will deliver this:

- Maintaining low levels of crime, anti-social behaviour and substance misuse on our streets
- Ensuring the effective management of offenders to reduce offending
- Supporting victims of crime and anti-social behaviour to reduce the risk of repeat victimisation
- Delivering the Violence Against Women and Girls Strategy
- Delivering a multi-agency response to violence, vulnerability and the criminal exploitation of children and vulnerable adults
- Reducing the fear of crime

Tackling anti-social behaviour and environmental crime

How we will deliver this:

- Delivering targeted multi-agency interventions in areas subjected to persistent crime, anti-social behaviour and environmental crime (such as fly-tipping and littering)
- Using enforcement tools and powers to protect communities, reduce offending and increase compliance

Celebrating our diverse and strong communities and taking a zero-tolerance approach to hate crime

How we will deliver this:

- Raising awareness of Barnet's diverse communities and providing opportunities to celebrate and promote cohesion
- Preventing radicalisation and supporting victims of hate crime, including raising awareness
- Working with local community groups to respond to Hate Crime
- Mapping and building relationships with new and emerging communities

Ensuring we are a family friendly borough

How we will deliver this:

- Helping children to live in safe and supportive families and communities
- Providing services that encourage and build resilience
- Increasing the participation, voice and influence of young people
- Embedding children's rights across policies and procedures
- Ensuring children and families know about and can influence decisions that affect them

Focusing on the strengths of the community and what they can do to help themselves and each other

How we will deliver this:

- Encouraging individual and corporate volunteers to help build active communities
- Providing access to a comprehensive directory of community resources
- Supporting the voluntary, community and faith sector to build capacity for meeting the needs of residents
- Developing strong and resilient partnerships through the Communities Together Network and Barnet Multi-Faith Forum

Supporting local businesses to thrive

How we will deliver this:

- Streamlining council access for businesses and developing a clear business support offer through Entrepreneurial Barnet
- Reducing the numbers of vacant units to ensure key town centres are thriving
- Encouraging residents and local businesses to play an active role in shaping their high streets
- Supporting businesses to improve workplace health
- Making Barnet the best place in London to be a small business

OUR APPROACH

WE HAVE SET OUT BELOW HOW WE INTEND TO DELIVER BOTH OUR STATUTORY DUTIES AND AMBITIONS FOR BARNET WITHIN OUR FINANCIAL CONSTRAINTS. WE WANT TO ENSURE THAT TAX PAYERS MONEY GOES AS FAR AS IT CAN.

A FAIR DEAL

- Delivering services that matter most by making decisions to prioritise our limited resources
- Providing value for money for the tax payer and ensuring we are transparent in how we operate
- Standing up for Barnet and ensuring it gets its fair share of resources including policing and general funding

EFFICIENT AND EFFECTIVE COUNCIL

- Managing our finances and contracts robustly
- Providing residents with the assistance they need at the first point of contact and greater access to online services and support
- Treating residents equally, with understanding and respect, with all having access to quality services





MAXIMISING OPPORTUNITY

- Taking a commercial approach to generating income, and looking for new opportunities to generate revenue from our estate
- Making use of evolving technology and innovation to help us achieve better outcomes and become more efficient
- Capitalising on opportunities from responsible growth and development to boost the local economy

SHARED RESPONSIBILITY

- Working with residents and the community to share responsibility to ensure Barnet thrives
- Focussing on prevention and early help so residents can live independently for as long as possible
- Collaborating locally to achieve the best outcomes for Barnet



SCHOOLS

COMMUNITIES

HEALTHY

STRONG

INVESTMENT

SAFE

RESIDENTS

Adults and Safeguarding Committee

The Adults and Safeguarding Committee is responsible for promoting the best possible Adult Social Care services, working with partners on the Health and Wellbeing Board to promote integration of social care with health, and ensuring that the council's safeguarding responsibilities are taken into account.

We work with health, housing, education and other services to meet people's care and support needs and help them to stay as independent as possible. We do this by focusing on people's strengths: on what people can do and how they can help themselves. We are diversifying Barnet's accommodation offer to help more people to live independently, through increasing supported living for younger adults and building new extra care facilities for older people. We have transformed our day care provision, so people can access employment and volunteering. We have integrated our social care services with health services. We have implemented innovative technology services and evidence-based prevention support to help people stay as independent as possible. We encourage active and healthy lifestyles to reduce demand on adult social services and are improving the borough's leisure facilities, parks, and open spaces to support this.

The national and local context for adult social care is one of increasing need for services at the same time as available funding through revenue support grant has been decreasing. There has been national recognition of the need for a longer-term sustainable funding solution for adult social care and a government green paper addressing this issue is expected in the near future. Barnet Council has sought to increase investment in adult social care, through application of the social care precept, review of its contribution policies and investment from council reserves of £12.3m from 2016/17 to 2018/19. The additional funding announced in the autumn 2018 budget will help balance the council's adult social care budget in 2019/20. However, beyond this there is no certainty of funding and insufficient funding in the system to meet levels of demand. This means that Barnet adult social care must focus on meeting its statutory duties alongside meeting the legal requirements of the council to remain on a sound financial footing. We will do this by ensuring that we meet eligible needs cost-effectively and that all investment in commissioned services enables better management of demand.

Committee Priorities for 2019-2024

Priority	How will we meet this by 2024?
Integrating health and social care and providing support for those with mental health problems and complex needs [Corporate Priority]	<ul style="list-style-type: none"> Working with local NHS organisations, GPs and NHS Barnet Clinical Commissioning Group to provide more health and care services closer to home Working with NHS colleagues to achieve timely discharge from hospital for patients Offering, and signposting to, prevention support for people to stay active and more independent in the community Continuing to offer support to working age adults with mental health needs
Supporting those with disabilities, older, and vulnerable residents to remain independent and have a good quality of life [Corporate Priority]	<ul style="list-style-type: none"> Opening new extra care schemes for people who need additional support to remain living independently Providing enablement services that help people regain or increase their independence Using technology to enhance people's independence and assist with care Offering support for carers of people with dementia Providing equipment that allows people to stay more independent at home
Encouraging residents to lead active and healthy lifestyles and maintain their mental wellbeing [Corporate Priority]	<ul style="list-style-type: none"> Delivering new leisure centres and enhancing existing leisure facilities Ensuring participation in sport and physical activity is accessible and inclusive to all Giving residents access to health and wellbeing information and activities through the Fit and Active Barnet (FAB) framework Completing the implementation of the new leisure contract (which includes a range of wellbeing services such as the Fit & Active Barnet Card, weight management services, falls prevention, dementia friendly sessions).
Safeguarding adults at risk of	<ul style="list-style-type: none"> Working with partners to safeguard adults at risk of abuse and neglect

abuse and neglect <i>[additional committee priority]</i>	through a multi-agency approach, including the establishment of a new multi-agency safeguarding hub (MASH)
Delivery of statutory duties <i>[additional committee priority]</i>	<ul style="list-style-type: none"> Ensuring that statutory duties are met whilst promoting financial sustainability

Line ref	Opportunity Area	Corporate Plan Approach: Fairness, Responsibility, Opportunity or Efficiency	Responsibility (Strategic Director or Delivery Unit Lead)	Description of saving (2016/20)	Consultation (How are we consulting on this proposal)	Impact Assessment			Budget	Year								Total savings (All years)
						Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	FTE	FTE		
Efficiency																		
E2	Staffing Efficiencies	Efficient and Effective	Strategic Director	This saving is based on the previous MTFS saving (£213k), plus an additional 5% budget reduction across adult social care staffing (Total staffing spend is circa £15.5m).	This will be subject to formal consultation with staff. All human resources implications will be managed in accordance with the Council's Managing Organisational Change policy, which supports the Council's Human Resources Strategy and meets statutory equalities duties and current employment legislation	This has the potential to impact on service delivery where capacity is reduced, such as longer waiting times. However, as far as possible, the proposals will take advantage of vacancies and maintain a strong front line.	If service delivery is negatively impacted there may be some negative impact on residents which will be kept under review.	An equalities impact assessment (EIA) will be undertaken as proposals develop and prior to commencement of formal consultation. This will need to consider staff and service users if there is a reduction in service level	0	(682)	(113)						(795)	
E3	Transformation of Your Choice Barnet supported living and day-care services	Efficient and Effective	Contract Management	Committee agreed a new contract with Your Choice Barnet which included a transformation of service model to deliver better outcomes. Savings in the first two years of the transformation programme have been delivered and in the final two years will continue with new services helping individuals progress towards independence as well as more efficient use of buildings and some reductions in the unit price of care. None of the current services will close and any changes to individual packages will be agreed with individuals, families and carers. The Adults and Safeguarding Board took a report on the proposed savings: (https://barnet.moderngov.co.uk/documents/s32576/Your%20Choice%20Barnet%20Agreement%20-%20FINAL.pdf), Paragraphs 3.1 – 3.20 detail the areas the savings will come from over the four year period and paragraphs 9.4 to 9.9 provide further details on the methods being used.	Service specific consultation and one to one engagement took place between June-September 2016. http://barnet.moderngov.co.uk/documents/s32576/Your%20Choice%20Barnet%20Agreement%20-%20FINAL.pdf	Impact on delivery positive as individuals will be supported to undertake new activities and live more independently. YCB will be using a person centred approach to ensure that the aspirations for individuals are fully met.	Consultation outcomes indicated that people welcomed these changes but needed to be assured that service users would be well supported to make these changes. The committee report on implementation of the new models at YCB (6th November 2017) sets out the reaction of service users and families to the new models.	Equalities analysis has been undertaken and indicates there is positive or neutral impact on service users, service users with learning disabilities and their carers, as changes to services will enable them to have services that better meets their aspirations for greater choice, inclusion and employment. http://barnet.moderngov.co.uk/documents/s32576/Your%20Choice%20Barnet%20Agreement%20-%20FINAL.pdf The EIA has been reviewed and the impact remains unchanged. The EIA will be kept under review.	0	(227)	(369)						(596)	
E4	Rescoping and targetting of prevention contracts	Efficient and Effective	Joint Commissioning	The savings will be achieved through contract end dates, contract redesign and recommissioning to maintain an effective prevention offer while rescoping services and delivering increased performance and effectiveness. Ensures investment is better aligned with demand profile and delivers a programme of work with the sector to better utilise alternative models of delivery such as social enterprise.	Engagement with providers and community as part of normal commissioning cycle.	This has been assessed on a contract by contract basis, efforts will be made to make savings without impacting on service delivery.	This has been assessed on a contract by contract basis, efforts will be made to make savings without impacting on service delivery.	Equalities impact will be considered on a contract by contract basis, with a full EIA where there is the potential for resident impact		(370)	(255)	(43)					(668)	
E5	Telecare overheads	Efficient and Effective	Adults Social Care Operational Services	The current service has delivered £0.9m in savings from social care costs. This proposal is to continue with telecare services, maintaining the use of care technology to support people and reduce care costs whilst reducing the cost of the services by bringing the management of telecare service in house. It is anticipated that the front-line services for assessment, installation and monitoring will continue to be provided by the current sub-contractors. The proposal also includes some continued support from the current provider to support the on-going development of the service. The proposal is that the change will be made at the end of the 3 year contract in April 2020.	Engagement with providers	Telecare services will continue and the management of the front-line services for assessment, installation and monitoring will continue to be provided by the current sub-contractors. No impact to service delivery is anticipated however this will be kept under review as proposals develop.	No impact to customer services is anticipated however this will be kept under review as proposals develop.	Equalities impact will be considered as proposals develop.			(155)						(155)	
E6	Meeting eligible needs in more cost-effective settings	Efficient and Effective	Adults Social Care Operational Services	The council will have due regard for use of resources when support planning to create more cost effective support plans. This will mean considering the full range of care options to meet eligible needs (e.g. residential care), rather than offering community-based placements (e.g. supported living) by default. The saving level is based on the assumption that new clients are placed in cheaper accommodation settings where appropriate, and is calculated by assuming 50% of the current differential between high cost community placements and the maximum usual price for a residential placement is saved.	This is in line with the Care Act and does not require a specific consultation. Engagement with individuals will take place as part of the council's assessment and support planning process, which will identify eligible needs and support options that meet those needs. There may be cases where a community placement that is more expensive than residential provision is offered, as this is necessary to meet the specific needs of an individual.	We will continue to meet our Care Act duties through meeting clients' eligible needs. However, some clients and their carers / families, may consider this change unfavourable if they have a preference for a community placement.	This could have an impact on customer satisfaction where their preferred option is staying in the community.	An equalities impact assessment has been carried out and shows potential negative impact. Impact on individuals will be assessed on an individual basis as part of the care planning process.		(424)							(424)	
E7	Reduction in printing costs	Efficient and Effective	Adults Social Care Operational Services	This represents a 33% saving on the current £150k spend on printing costs. This is based on targeting current areas of high spend and moving them towards less paper-intensive processes. New technology / digital processes developed as part of The Way We Work (TW3) Programme, for example enabling online self-service client financial assessments	Service specific consultation is not required.	No impact	No / minimal impact	Assessment shows no equalities impact. The option to print will remain where it is necessary to avoid any negative impact for people with protected characteristics.		(25)	(25)						(50)	
Total Income										(1,728)	(917)	(43)	0	0	0	0	(2,688)	
I1	BCF	Opportunity	Strategic Director	The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. This is income allocated to Adult Social Care to help provide integrated health and care services. As part of the BCF pooled budget the council is expected to receive a minimum uplift. It is anticipated that at a minimum the council will receive an uplift of 1.9% or 148k in 19/20. The 'saving' is made from the base budget, which has been replaced by the BCF.	Service specific consultation is not required.	There is no impact on service.	There is no impact on service.	There is no equalities impact.	0	(647)							(647)	
I2	iBCF	Opportunity	Strategic Director	The 'Improved' Better Care Fund will continue to 19/20. In recent years, the council has seen a steady increase in referrals from acute hospitals. NHS referrals now account for 76% of all enablement use and over half of all adult social care referrals now come from the NHS. This is income in the form of monies from the Better Care Fund and avoids reductions to adult social care that would be detrimental to the NHS. The savings are made from base budget which is being replaced by iBCF.	Service specific consultation is not required.	There is no impact on service.	There is no impact on service.	There is no equalities impact.	0	(1,391)							(1,391)	
I3	Maintaining affordable levels of inflation	Opportunity	Strategic Director	Maintaining affordable levels of inflation on care and support packages while continuing to meet statutory duties.	Engagement with providers but service specific consultation not required.	Has the potential to have an impact on providers' service levels and sustainability. Will continue to work with providers to mitigate this	As this could impact providers' ability to provide services, there could be an impact on customer satisfaction	An equalities impact assessment will be completed with each provider on a case by case basis.		(1,000)	(500)	(500)	(500)	(500)			(3,000)	
I4	Prepaid cards	Opportunity	Adults Social Care Operational Services	By implementing a pre-paid card solution and transitioning 80% of direct payment clients to it, and a separate online facility to upload evidence of spend, we can increase transparency and then recoup unspent / wrongly spent monies from clients. Based on evidence from elsewhere and assumptions from the service, a medium impact scenario would realise year on year savings of c.£500k (6% of total DP spend), with a lower amount in year 1 and a spike in year two.	Service specific consultation is not required	This should have a positive impact on the ability of the service to monitor Direct Payment spend	This should have a positive impact on customer satisfaction, as the solution makes it easier to provide returns on DP spend. However, some people may prefer to use the old methods of monitoring	An initial equalities impact assessment has been completed and shows a minimal potential positive impact. This will be kept under review as proposals develop.		(250)	(250)						(500)	
I5	Reduction of bad debt	Opportunity	Adults Social Care Operational Services and CSG	Improving the process of bad-debt collection and preemptively channelling more clients onto direct debts to prevent debt, we may be able to reduce the budgetary provision for bad debt, by 10% of the total provision, currently circa £1m.	Service specific consultation is not required	Will not impact service delivery as is based on existing debt collection policy / process	Some customers will be under increased pressure to pay debts to the council; but these will be people that have been assessed as able to pay and who have received a service.	This will only impact clients / estate that have been means tested and are owing monies to the local authority.		(100)	(50)	(50)	(50)	(50)			(300)	
I6	VAT efficient leisure contract	Opportunity	Head of Greenspaces and Leisure	Ensuring a VAT efficient leisure contract	No service user or staff impact	No service user or staff impact	No service user or staff impact	No service user or staff impact			(61)	(124)	(159)	(184)			(528)	
I7	SPA income	Opportunity	Head of Greenspaces and Leisure	Use of contract income paid to council	No service user or staff impact	No service user or staff impact	No service user or staff impact	No service user or staff impact		(249)	(1,096)	(747)	(373)	(258)			(2,723)	

Total									0	(3,637)	(1,957)	(1,421)	(1,082)	(992)	0	0	(9,089)
Reducing demand, promoting independence																	
R1	Increasing the independence of older adults / clients with physical disabilities	Responsibility	Adults Social Care Operational Services	Continuation and further development of work to deliver savings through supporting older people in alternative ways, through a community offer of support, instead of high cost care packages and residential placements. This will be applied through our strengths based approach to existing and new service users and will lead to increased use of universal services, enablement, telecare, adaptations, equipment and direct payments which cost less than traditional home care and residential care. Eligible needs will therefore be met by a lower personal budget. The savings will be delivered by social workers incorporating elements in care and support plans which cost less than traditional care or that do not require Council funding. This might include support from volunteers and local clubs, for example.	Service specific consultation as part of the budget setting process for 2014/15 and 2015/16 budget, prior to the first year of the community offer initiative. https://engage.barnet.gov.uk/community-offer	Will lead to changes in the way in which the needs of eligible individuals are met but eligible needs will continue to be met. This is a continuation of an existing savings programme.	Eligible needs will still be met. However, some users/relatives may still prefer traditional care and find creative options less palatable	EIA/s for service user impact were undertaken in 2013 and showed a positive/neutral impact on service users. EIA updated in October 2015 and impact on service users (older adults, service users with physical disabilities and learning disabilities and mental health needs) remains positive/neutral. In 2018 the EIA has been refreshed with updated data, the impact remains positive/neutral. Cases will continue to be assessed and reviewed on a case by case basis.	0	(192)							(192)
R5	Assistive Technology	Responsibility	Adults Social Care Operational Services	This is a continuation of an existing saving. Increased use of assistive technology (e.g. sensors, alarms, monitoring systems) both in individuals' homes and in residential and nursing care, has led to a reduction in care package costs (e.g. reduction in requirement for waking/sleeping nights) and this will continue in 2019/20. The Council has procured a partner to co-develop and implement this approach, which was implemented in April 2017.	Provider engagement has taken place prior to procurement. Working group of service users and carers has helped inform implementation approach.	Increased use of telecare/ assistive technology will support individuals to remain at home for longer, or reduce reliance on more traditional service types. Staff have been trained to identify service users who may benefit from assistive technology, and significant provider engagement is underway to introduce telecare into supported living and residential/ nursing care.	Telecare can enhance individuals' feelings of safety and enable individuals to remain independent and in their own homes for longer. However users and carers who prefer traditional care may be less satisfied.	Equalities analysis has been undertaken and indicates there is a potential positive /neutral impact on staff and service users (older people, LD, PD, MH). The EIA has been reviewed and the impact remains positive. This will be kept under review as proposals develop.	0	(300)							(300)
R8	Support for Working age adults	Responsibility	Adults Social Care Operational Services	Review support packages and develop support plans to increase independence, improve wellbeing and reduce costs. This is likely to include the following: step down accommodation setting to less intensive option, step up setting where there is a risk of carer breakdown, support individuals in gaining and maintaining employment, utilise care technologies to improve independence and reduce intrusiveness of care, develop the shared lives offering within LBB and increase the number of referrals. 19/20 saving is based on existing MTFS. 20/21 saving is based on extending the impact of independence focussed reviews.	Individual consultation and engagement with individuals and their families as part of the care and support planning process. Service Users and families will continue to be at the centre of the process as any plans are developed and supported.	Will lead to changes in the way in which the needs of eligible individuals are met but eligible needs will continue to be met.	Moderate - likely to require changes to packages of care. Eligible needs will still be met but some users and their families may prefer alternative care and this could lead to dissatisfaction.	Equalities impact assessments for service user impact has been undertaken and shows positive /neutral impact on service users.	0	(285)	(500)	(100)	(150)				(1,035)
R9	Mental Health service users moving to step down/independent accommodation	Responsibility	Adults Social Care Operational Services	Work has taken place to identify and review service users currently in high cost residential placements who have been identified as suitable for more independent living. Social Workers will continue to work with these individuals to ensure they continue to have all their eligible needs met but can enjoy greater independence and reduce reliance on care. The saving is modelled on lower cost support plans as alternatives are used instead of high cost care. 19/20 saving is based on existing MTFS. 20/21 saving is based on extending the impact of independence focussed reviews.	Individual consultation and engagement with individuals and their families as part of the care and support planning process. Service Users and families will continue to be at the centre of the process as any move-on plans are developed and supported.	There will be a need to secure suitable accommodation. Social Care staff will need to deliver intensive recovery work to ensure services users develop skills to live more independently. Skills development will take place to ensure existing providers support the move on plans.	Satisfaction should increase for users who will secure more independence in their lives. However, satisfaction may decrease for those who prefer more traditional care.	Impact will be assessed on an individual basis. Should be a positive impact for individuals.	0	(188)	(112)						(300)
R10	Extra-Care Housing 2	Responsibility	Joint Commissioning	Extra Care development of fully integrated service for older people to rent, offering a wide range of services as an alternative to more expensive residential care. Proposed scheme of 50 units based with 50% high needs, 25% medium needs and 25% low needs. Saving is modelled on a 10K saving per person per year, based on the difference between the costs of residential care and extra-care. Saving will be achieved if the scheme is targeted at those who would otherwise have their needs met by residential or other care.	Design principles agreed through consultation on Extra Care 1 (Ansell Court) will be applied in extra care 3, e.g. all flats fully wheelchair accessible. Service specific consultation will be undertaken if required.	More choice for older people, reduced take up of residential care	Satisfaction should increase for users who will secure more independence in their lives.	Equalities Impact Assessments will be undertaken as potential residents are identified.	0		(100)	(160)					(260)
R11	Extra-Care Housing 3 (Cheshir House)	Responsibility	Joint Commissioning	Plans are in place to develop a third Extra-Care Housing scheme at Cheshir House, with 75 units. Based on current projections, this should be completed in 2020/21. The benefits case will be updated once the first Extra-Care Scheme has gone live. Current savings projections are based on conservative assumptions	Design principles agreed through consultation on Extra Care 1 (Ansell Court) will be applied in extra care 2, e.g. all flats fully wheelchair accessible. Service specific consultation will be undertaken if required.	More choice for older people, reduced take up of residential care	Satisfaction should increase for users who will secure more independence in their lives.	Equalities Impact Assessments will be undertaken as potential residents are identified.					(100)	(100)			(200)
Total										(965)	(712)	(260)	(250)	(100)	0	0	(2,287)
									Total Savings	(6,330)	(3,586)	(1,724)	(1,332)	(1,092)	0	0	(14,064)

Appendix D – Fees and Charges Burnt Oak Leisure Centre – Nursery Provision

	2019/20 Proposed														
		£ Increase	% Increase	2yr old fee paying	£ Increase	% Increase	2yr old free entitlement	£ Increase	% Increase	3yr old free entitlement	£ Increase	% Increase	3yr old full fee paying	£ Increase	% Increase
Nursery	0-2														
Half a day	£36.00	£0.00	0.0%	£34.00	£0.00	0%							£32.00	£0.00	0%
Full day	£66.00	£0.00	0%	£64.00	£0.00	0%							£62.00	£0.00	0%
Additional hours to free entitlement (per hour)							£6.00	£0.00	0%	5.44	£0.00	0%			

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Adults and Safeguarding Committee

26 November 2018

Title	Quarter 2 2018/19 Adults and Safeguarding Performance Report
Report of	Councillor Sachin Rajput – Committee 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

This report provides an update on the Theme Committee priorities in the Corporate Plan 2018/19 Addendum for **Quarter 2 (Q2) 2018/19**, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.

Officer Recommendations

1. The Committee is asked to review the financial, performance and risk information for Q2 2018/19 and make any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees.

1. PURPOSE OF REPORT

Introduction

- 1.1 The Adults and Safeguarding Committee has responsibility for all matters relating to vulnerable adults, adult social care and leisure services; and works with partners on the Health and Wellbeing Board to ensure that social care interventions are effectively and seamlessly joined up with Public Health and healthcare. The priorities for the year ahead (see table 1) are set out in the Corporate Plan 2018/19 Addendum, which is available online at <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance>
- 1.2 This report provides an update on these priorities for **Q2 2018/19**, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.
- 1.3 This report is in addition to the Q2 2018/19 Strategic Performance Report to Policy and Resources Committee (11 December 2018) and the Q2 2018/19 Contracts Performance Report to Financial Performance and Contracts Committee (17 December). These reports can be found on the committee section of the council's website at <https://barnet.moderngov.co.uk/ieDocHome.aspx?bcr=1> and will be available when the meeting agendas are published.

Table 1: Adults and Safeguarding Committee priorities for 2018/19

Priorities	Key activities
Embedding strength-based best practice	<ul style="list-style-type: none"> • Share and develop strength-based working with citizens, health providers and the voluntary and community sector • Implement the prevention and wellbeing co-ordination model with the local voluntary and community sector • Work with partners to support communities to take practical actions to enable people to live well with dementia and make Barnet a dementia-friendly borough • Focus on Improving Mental Health in the community through the delivery of an enablement model that will allow people to lead better lives through targeted support. This will include an improved pathway/access to services through joint working with the NHS • Offer employment support to people who use adult social care through the new employment support framework and Your Choice Barnet (YCB) services • Continue to provide advice and support to carers
Integrating local health and social care	<ul style="list-style-type: none"> • Implement the rapid response homecare to support timely hospital discharge and work with NHS Barnet Clinical Commissioning Group (CCG) to enhance support to care homes to avoid unnecessary hospital admissions • Work in partnership with the CCG to implement the Care Closer to Home programme • Develop a Care Home Strategy and an enhanced offer for care homes, including the red bag initiative to accompany people from care homes to and from hospital and Significant Seven (S7) training to support staff in the early identification of deterioration of patients • Improve the health of carers through delivery of the carers and young carers strategy.

Priorities	Key activities
	<ul style="list-style-type: none"> • Work with NHS England to develop a joined-up plan for the future care needs of people in specialist residential services under the Transforming Care programme
Needs-based support	<ul style="list-style-type: none"> • Expand homecare, enablement and support options for residents e.g. offer more technology services and increase supported living and nursing care • Work with Barnet Homes and YCB to build a new extra care scheme at Moreton Close (renamed Ansell Court); and progress two further schemes in the west and south of the borough • Re-commission care and support services at two extra care schemes (Goodwin Court and Wood Court) • Work with Barnet Homes to enhance existing sheltered housing and housing plus to meet the increasing needs of older residents and those with disabilities • Deliver the wider vision for accommodation and support services embedding greater use of all services and shaping the market to deliver an even greater range of housing options for independent living • Prototype employment services for working age adults to support them to find and maintain employment • Work closely with YCB to monitor and support their person-centred approach to increase independence and help people to progress to employment • Work with Barnet Mencap - Bright Futures (following the recent procurement) to ensure that prevention services are provided to more residents and that through the strength-based approach more people are supported to achieve great, sustainable outcomes
Improving leisure facilities and physical activity	<ul style="list-style-type: none"> • Complete implementation of the new leisure management contract including new services for residents • Continue construction of two new leisure centres - Barnet Copthall and New Barnet – for a planned opening in 2019 • Deliver improvements to existing leisure centres • Raise awareness of sport and physical activity and increase participation through the Fit and Active Barnet Partnership • Co-ordinate funding applications, volunteering and training opportunities through the Fit and Active Barnet Partnership • Complete an Indoor Sport and Recreation Study which will act as a strategic review and complement to the Barnet Playing Pitch Strategy and Local Plan
Health and Wellbeing	<ul style="list-style-type: none"> • Commission lead providers for health checks and smoking cessation services to simplify administration and deliver improved outcomes • Implement the Healthy Weight Implementation Plan across the partnership

Budget forecasts

- 1.4 The forecast **revenue outturn** (after reserve movements) at Q2 2018/19 for Adults and Communities was **£96.731 m**; a projected **overspend of £1.232m** (1.3% of the overall budget) (see table 2).

Table 2: Revenue forecast (Q2 2018/19)

Service	Revised Budget	Q2 18/19 Forecast	Variance from Revised Budget Adv/(fav)	Reserve Move-ments	Q2 18/19 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000	%
Integrated Care – Learning Disabilities	32,019	32,232	213	(171)	32,062	42	0.1
Integrated care – Mental Health	6,544	7,009	464	(120)	6,889	344	5.3
Integrated Care – Older Adults	29,584	29,989	405	(270)	29,719	135	0.5
Integrated Care – Physical Disabilities	7,369	8,428	1,059	(40)	8,388	1,019	13.8
Workforce	14,484	14,672	188	0	14,672	188	1.3
A&C Other	5,498	5,001	(496)	0	5,001	(496)	(9.0)
Adults and Communities	95,498	97,331	1,832	(600)	96,731	1,232	1.3

- 1.5 The overspend is driven by an overspend of £1.540m in the care placements budgets as Adult Social Care (ASC) has experienced increasing complexity and demand for services since 2014/15.

The Mental Health service is projecting to overspend by £0.344m due to activity growth in supported living and nursing care. There have been 40 new care packages for existing clients that have commenced since Period 3 (Q1) and eight new clients in the last month.

Physical Disabilities services are overspending by £1.019m due to activity growth and increased complexity in homecare (£0.416m), nursing care (£0.245m), supported accommodation (£0.124m), residential care (£0.068m) and direct payments (£0.132m). Most of the pressure is due to the full year effect of new clients who entered services during 2017/18.

The Placement overspends are partly mitigated by an underspend on non-placements budgets of £0.308m. The underspend is largely due to Equipment and Adaptation (£0.247m), as a result of planned capitalisation of the cost of large items of equipment via the Disabled Facilities Grant (DFG) budget.

- 1.6 The projected **capital forecast** at Q2 2018/19 for Adults and Communities (Investing in IT) was **£2.850m** and for the Commissioning Group (Sport and Physical Activities) was **£22.761m**).

Table 3: Capital forecast (Q2 2018/19)

Service	18/19 Revised Budget	Additions/ (Deletions)	(Slippage)/ Accelerated Spend	Q2 18/19 Forecast	Variance from Approved Budget	Variance from Approved Budget
	£000	£000	£000	£000	£000	%
Investing in IT	2,850	0	0	2,850	0	0.0
Adults and Communities	2,850	0	0	2,850	0	0.0
Sport and Physical Activities (SPA)	22,761	0	0	22,761	0	0.0
Commissioning Group (SPA)	22,761	0	0	22,761	0	0.0

- 1.7 Adults and Communities has one project, Mosaic which is forecast to spend £2.850m. The forecast will be revised in Period 7 to show an underspend of £0.300m transferred to revenue.
- 1.8 The Sport and Physical Activities (SPA) construction programme of Barnet Copthall and New Barnet leisure centres commenced in November 2017 and forecast to spend £22.761m in Q2. This forecast has since been reviewed and will increase by £2.868m as further costs have materialised in relation to the construction of New Barnet leisure centre, which requires more extensive utility diversions and further work to resolve the robustness of ground conditions. The SPA Project business case remains viable.

Committee priorities

- 1.9 The update on Committee priorities includes performance and risk information as follows:
- Progress on activities
 - Performance of key indicators¹
 - High level risks from the Corporate Risk Register²
 - Strategic issues/escalations related to the Theme Committee's terms of reference and annual plan.
- 1.10 An overall status for each of the Committee's priorities is shown in table 4. This reflects the Q2 2018/19 position on budget forecasts, progress on activities, performance of key indicators and any high level risks.

Table 4: Overall status for priorities (Q2 2018/19)

Adults and Communities Committee priorities	Overall status
Embedding strength-based best practice	Amber
Integrating local health and social care	Green
Needs-based support	Green

¹ RAG rating reflects the percentage variance of the result against the target as follows: On target = GREEN (G); Up to 9.9% off target = AMBER (A); 10% or more off target = RED (R). The Direction of Travel (DOT) status shows the percentage variation in the result since last year e.g. Improving (↑ I), Worsening (↓ W) or Same (→ S). The percentage variation is calculated as follows: Q2 18/19 result minus Q2 17/18 result equals difference; then difference divided by Q2 17/18 result multiplied by 100 = percentage variation. Any results not for three months of quarter, illustrated by (c) = cumulative from start of financial year; (s) snapshot at end quarter; or (r) rolling 12 months.

² The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high level (scoring 15 and above) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q2 2018/19 Corporate Risk Register provides a snapshot in time (as at end September 2018).

Adults and Communities Committee priorities	Overall status
Improving leisure facilities and physical activity	Green
Health and Wellbeing	Amber

Embedding strength-based practice

- 1.11 Work to embed strength-based social care improvement has continued with an ongoing programme of case audit activity reporting into the Quality Board. The panel, which authorises new care packages, has continued to review the incorporation of strength-based principles and from September 2018 has also begun authorising all lower level funded packages of care.

The mental health (MH) reablement pathway has continued to maintain a range of services and wellbeing opportunities. MH employment remains better than target at 7.6% (target is 7.5%). Learning disabilities (LD) employment has reduced to 8.6% from 9.6% in Q1 and remains below target (target is 10.3%) largely due to an increase in the cohort for the indicator (see paragraph 1.11). The approved provider list for employment and day opportunities support is now live and is being prototyped with the LD service. In Q3, work will occur to roll-out activity across MH services and a monthly steering group has been established to support the development and monitoring of this.

Adults with LD living in their own home or with their family is better than target at 79.7% (target is 72.5%) and above Barnet's comparators (68%) and England (76%). Adults with MH needs who live independently, with or without support, is slightly below target at 82.5% (target is 83%). There is no comparator data for this indicator (see paragraph 1.11).

New admissions to residential care for both older and working age adults has remained low at 2.9 admissions per 100,000 population for working age adults and 145.3 admissions per 100,000 population for older adults respectively – though it is expected that the rate of admissions for older adults will increase as winter pressures start to build. The low rate of admissions for working age adults in part reflects the promotion of alternative opportunities such as supported living.

- 1.12 There are 11 key indicators linked to this priority in the Corporate Plan. Two are annual indicators and will be reported later in the year. Four have met the quarterly target; three cannot be reported because of difficulties reporting from the case management system (Mosaic); and two have not met the quarterly target.
- **Adults with learning disabilities in paid employment (RAG rated RED) – 8.6% against a target of 10.3%.** 68 (out of 787) adults with LD in contact with the council's adult LD team were in paid employment in Q2, compared with 75 in Q1. The LD transformation project has continued to improve practice quality, including ongoing promotion of the strength-based approach. This includes identifying opportunities to promote employment services. Support plans at all levels of cost are being signed off via a panel process that provides feedback and challenge on whether employment options have been considered.
 - **Adults with mental health needs who live independently with or without support (RAG rated AMBER) - 82.5% (566 out of 686) against a target of 83%.** Performance is slightly below target but better than last year (81.8%). The service is supporting an increasing number of adults with very complex needs for whom community placements may not be appropriate. This is seen particularly in the work to expedite discharges from

hospital in which adults are being discharged to placements which require high levels of care and support to avoid pressure on hospital beds.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking ³
				Target	Result	DOT	Result	
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	312.5	468.5 ⁴	234	145 (G)	↑ I -21%	185	CIPFA Neighbours 383.4 London 406.2 England 585.6 (NASCIS, 17/18)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	3.2	12.0	6.0	2.9 (G)	↓ W +81%	1.6	CIPFA Neighbours 8.8 London 9.6 England 14.0 (NASCIS, 17/18)
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	75%	72.5%	72.5%	79.7% (G)	↑ I +14%	70.0%	CIPFA Neighbours 70.9% London 73.3% England 77.2% (NASCIS, 17/18)
Adults with learning disabilities in paid employment	Bigger is Better	10.1%	10.9%	10.3%	8.6% (R)	↓ W -14%	10%	CIPFA Neighbours 9.3% London 7.5% England 6.0% (NASCIS, 17/18)
Adults with mental health needs in paid employment	Bigger is Better	6.7%	7.5%	7.5%	7.6% (G)	↑ I +10%	6.9%	CIPFA Neighbours 7.8% London 6% England 7% (NASCIS, 17/18)
Adults with mental health needs who live independently, with or without support	Bigger is Better	82.4%	83%	83%	82.5% (A)	↑ I +0.8%	81.8%	CIPFA Neighbours 67.1% London 61% England 57% (NASCIS, 17/18)

³ 2017/18 results for ASCOF indicators were published online on 23 October 2018. The data is in process of being quality assured by the service to ensure published data matches submitted data.

⁴ This target has been revised to bring it into line with the trajectory agreed in Better Care Fund monitoring.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking ³
				Target	Result	DOT	Result	
Contacts that result in a care package (c)	Monitor	22.9%	Monitor	Monitor	No result ⁵	N/A	5.2%	No benchmark available
Service users receiving ongoing services with telecare (c)	Bigger is Better	25.4%	26.5%	25.7%	No result ⁶	N/A	25.1%	No benchmark available
Instances of information, advice and guidance provided to carers (c)	Bigger is Better	3874	3600	900	No result ⁷	N/A	1256	No benchmark available
People who feel in control of their own lives (Annual)	Bigger is Better	72.1% ⁸	73%	N/A	Due Q3 18/19	N/A	N/A	London 73.2% England 77.7% (NASCIS, 17/18)
Service users who find it easy to get information (Annual)	Bigger is Better	61.1% ⁹	69.8%	N/A	Due Q3 18/19	N/A	N/A	London 72.2% England 73.3% (NASCIS, 17/18)

1.13 There are five high level risks linked to this priority. Two are strategic risks and three are service risks. The case management system risk sits at both a strategic and service level.

- **STR020 and AC028 - Lack of fully functioning case management system (residual risk score 20).** The fortnightly programme board continued to meet to monitor progress and manage this risk. A new provider is being sought to complete the Mosaic implementation, with the budget agreed by Policy and Resources Committee in July 2018.
- **STR007 - Significant adults safeguarding incident (residual risk score 15).** The risk controls include adherence to the London multi-agency safeguarding adults' policy and procedures; a training programme and supervision policy; practice standards; performance monitoring; quality assurance and audit programmes. Reports are provided annually to the Adults and Safeguarding Committee and the Health and Wellbeing Board. The implementation of Mosaic safeguarding reports was completed on time, but these provisional reports require further development. Following completion of this, no further actions will be required; the risk has reached its target score and is being tolerated with the existing controls and mitigations in place. It is understood that even with very effective management of safeguarding risks, a safeguarding incident could still occur.

⁵ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁶ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁷ This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

⁸ 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.

⁹ 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.

- **AC001 - Increased overspend to meet statutory duties (residual risk score 20).** The budget management process forecasts demographic growth and pressures over several years. Budget and performance monitoring and management controls are used throughout the year. Demand for care services continues to increase particularly in complexity and the cost of individual care packages. The service is continuing to forecast an overspend position. Recovery planning has been undertaken and measures implemented, including holding vacant posts; scrutiny of new spend by an Assistant Director to ensure care planning is appropriate and proportionate; recruitment of additional capacity to carry out financial assessments to ensure income is realised.
- **AC031 – Budget management (residual risk score 16).** Delays in resolving issues with Mosaic have limited the ability to produce routine budget reports, which could result in budget issues not being identified and addressed in a timely fashion leading to overspend. The new finance reporting solution has completed testing and has been used for budget forecasting. Data inputting resources continue to manage down the backlog of care package recording to ensure information is timely. Data cleansing has taken place with a focus on homecare recording. Implementation of the review of the system build and service configuration structure is dependent on agreement of the revised implementation approach for the programme with the new provider.

Integrating local health and social care

- 1.14 Delayed transfers of care (DTOC) have been maintained at a low level during the summer; although there have been a number of pressures to be managed particularly in relation to complex MH cases where market capacity to meet needs is limited, as well as an increasing volume of older adult discharges. While social care delays have remained below the nationally set targets, health and joint delays have pushed the total number of delays in Barnet very slightly above target. The number of people needing discharge from hospital is likely to increase going into the winter months and to respond to this a review of the discharge to assess pathway is being carried out along with a review of staffing levels in the hospital teams.

The council is working with NHS Barnet CCG on the Care Closer to Home programme. The specification for infrastructure for Care Closer to Home Integrated Networks (CHINs) across Barnet is being developed with a number of services developed or mobilised in early Q3, including paediatric services and a multi-disciplinary team for frail older adults. Two further potential CHINs have been proposed following the engagement sessions and the primary care team are attending initial meetings.

The Transforming Care Partnership continues to perform well with no new hospital admissions in September 2018. No further discharges are imminent; and work is underway with NHS partners to agree the funding principles for any new cases before additional work on placements takes place.

- 1.15 There are two key indicators linked to this priority in the Corporate Plan. Reducing Delayed Transfers of Care (DTOC) has been a priority for Adult Social Care, with national targets set for DTOC reduction in July 2017 and the improved Better Care Fund (iBCF) was linked to achieving this target.
- **Delayed transfers of care from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care (RAG rated AMBER) - 6.85 against a target of 6.84** (slightly above target). Performance on adult social care DTOC

improved throughout 2017/18 and social care has met the quarterly target. However, the total delays target, which includes NHS, social care and joint delays was just missed.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking
				Target	Result ¹⁰	DOT	Result	
Delayed transfers of care from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care (s)	Smaller is Better	9.4 ¹¹	6.84 ¹²	6.84	6.85 (A)	N/A	N/A ¹³	CIPFA Neighbours 6.53 London 6.63 England 10.64 (August 18, Department of Health)
Delayed transfers of care from hospital per day per 100,000 population which are attributable to adult social care only (s)	Smaller is Better	2.3 ¹⁴	2.03 ¹⁵	2.03	1.98 (G)	N/A	N/A ¹⁶	CIPFA Neighbours 2.33 London 2.20 England 3.34 (August 18, Department of Health)

1.16 There are no high level risks linked to this priority.

Needs-based support

1.17 The council has seen an increase in demand for supported living services, particularly as review work with the working age adult cohorts in LD and MH progresses and individuals are diverted away from residential care. A supply and demand review for supported living services is being planned to support future commissioning intentions and consider if current market capacity is meeting the needs of working age adults. Work is also planned with Care Quality and providers to ensure that the council is making best use of the range of accommodation and support available, including reviewing the current referral forms and holding a workshop with providers at a Provider Forum in October 2018. To help ensure there is sufficient market capacity to deliver homecare within Barnet, contracts have been awarded to 23 new and existing spot purchased homecare providers which will go live during Q3.

Work has continued on client identification and staff familiarisation with the dementia focused extra care housing scheme (Ansell Court) which is now expected to be completed in January 2019. Activity to support the procurement of extra care support at Wood Court is underway with the procurement due to go live in Q3. Work has been undertaken with Public Health to develop a section within the Joint Strategic Needs Assessment (JSNA) for adults with dementia. This will inform future commissioning intentions.

¹⁰ Q2 2018/19 result is for August 2018. The NHS publication schedule for this data means there is a gap in reporting with September 2018 data due to be released on 8 November 2018.

¹¹ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

¹² The DTOC targets are set by NHS England at a national level and were subject to revision when the Corporate Plan 2018/19 Addendum was published. Subsequently, the target has changed from 9.1 to 6.84.

¹³ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

¹⁴ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

¹⁵ The DTOC targets are set by NHS England at a national level and were subject to revision when the Corporate Plan 2018/19 Addendum was published. Subsequently, the target has changed from 2.6 to 2.03.

¹⁶ A new methodology was introduced for DTOC indicators by the Department of Health in 2017/18, so results are not comparable.

The council has awarded the contract for MH advocacy support services, which will go live on 1 November 2018.

Currently work is being carried out to complete the Autism Self-Assessment Framework, which is designed to measure local authorities' progress towards meeting the requirements of the Autism Act and is due to be submitted to Public Health England in early December 2018. There is also work being undertaken to scope the opportunity to develop more provision for autism screening, diagnosis and support.

Across North Central London (NCL), a project is underway through the Transforming Care Partnership to consider if there is appropriate support for adults with LD experiencing MH crisis and if not how best to address this. Additionally, work has occurred with NCL partners to review MH Liaison Service provision in NCL.

To inform development and delivery of the integrated LD service a workshop has been planned in Q3 which will review the current service specification and contracting model for the health elements of the service which are commissioned by NHS Barnet CCG.

- 1.18 There are two indicators linked to this priority in the Corporate Plan. Both are annual indicators and will be reported later in the year.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking
				Target	Result	DOT	Result	
People who use adult social care services satisfied with their care and support (Annual)	Bigger is Better	63.6% ¹⁷	62.1% (within confidence interval)	N/A	Due Q3 18/19	N/A	N/A	London 59.3% England 65.0% (NASCIS, 17/18)
People who use services who say those services make them feel safe and secure (Annual)	Bigger is Better	83.7% ¹⁸	81% (within confidence interval)	N/A	Due Q3 18/19	N/A	N/A	London 82.2% England 86.3% (NASCIS, 17/18)

- 1.19 There are no high level risks linked to this priority.

Improving leisure facilities and physical activity

- 1.20 Following the launch of the Fit and Active Barnet Campaign in July 2018, over 14,000 residents have registered for a free FAB Card provided through Greenwich Leisure Ltd (GLL).

The launch of this card provided free swimming for under 8s, £1 swimming for 8-16 year olds and many more concessions. There has also been over £1.5million in facility investments at Finchley Lido Leisure Centre and Burnt Oak Leisure Centre, which include the creation of a new mezzanine floor at Finchley Lido for an enhanced gym and fitness

¹⁷ 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 has been updated to reflect the published NHS Digital result.

¹⁸ This survey indicator has a confidence interval of +/-3.2%pts, so is within target. The result has been updated to reflect the published NHS Digital result.

area and a new upgraded 3G football pitch at Burnt Oak. Further improvements are planned for Q3.

The children's weight management service operated by GLL went live on 1 September 2018. The new programme is working closely with Public Health and health professionals.

The council investments at Barnet Copthall and New Barnet leisure centres are progressing well. The construction programme has completed work on the steel frame and infrastructure at both sites; and has successfully completed the pool integrity testing. The facilities are on track for completion by summer 2019.

1.21 There are two key indicators linked to this priority in the Corporate Plan. One is from the Active Lives survey and will be reported in Q3. The other has not met the quarterly target.

- **Leisure attendances (RAG rated AMBER) - 265,111 against a target of 290,750.** This indicator is profiled as an approximate over four quarters and seasonal variances will affect target achievement. It is anticipated that the target will be achieved by year-end. Health and fitness investment at Finchley Lido and Hendon leisure centres is expected to enhance customers' experience and increase retention (with a positive net movement already demonstrated at Finchley Lido). Attendances on sports courses at Burnt Oak Leisure Centre has seen a decline and the operator is focused on improving this. School lesson attendances dipped over the summer due to the school holidays.

Indicator	Polarity	17/18 EOY	18/19 Target	Q2 18/19			Q2 17/18	Benchmarking
				Target	Result	DOT	Result	
Total number of leisure attendances	Bigger is Better	New for 18/19	1,163,000	290,750	265,911 (A)	New for 18/19	New for 18/19	No benchmark available
Population taking part in sport and physical activity at least twice in the last month (Annual)	Bigger is Better	77.9%	78.5%	N/A	Due Q3 18/19	N/A	N/A	N/A

1.22 There are no high level risks linked to this priority.

Health and Wellbeing

1.23 The **Stop Smoking service** has encouraged more smokers to attend sessions in Q1 compared with last year, with a higher number of sign-ups (231 vs 207) and 'lost to follow-ups'¹⁹ (113 vs 87). The 4-week quitters were up 13% at 86 (compared with 76 last year). The quit rate was also higher at 37.7% (compared with 36.7% last year). More support has been offered to specialist groups. There were twice as many quits among pregnant women (4 vs 2) and three times the number of clients with long-term conditions signed up (65 vs 22), with 58% more quits (19 vs 12). There were 104 quits in Q1 last year. After late data entry and 'lost to follow-up' calls are chased up, the Q1 result is expected to be approximately 110 quits.

¹⁹ 'Lost to follow-ups' refer to patients who at one point in time were actively participating in smoking cessation sessions but have become lost at the point of follow-up.

The **NHS Health Checks** programme is delivered by GPs. With the transfer of Public Health from Harrow to Barnet, new contracts and schedules have been negotiated with GP practices. The number of patients eligible for Health Checks in each practice has been identified and targets set in relation to this. Q1 showed a significant improvement on the same time last year, with a 72% increase in invitations (5105 vs 2969) and an 86% increase in uptake (1757 vs 945). However, uptake remains lower than target (2325). 45 (out of 58) practices engaged in activity and completed Health Checks with some of their eligible patients.

A strategic approach to **Healthy Weight** was approved by the Health and Wellbeing Board in July 2018. The eight workstreams, which focus on providing residents with equal opportunities to maintain a healthy weight, have progressed. Public Health evidence to support policies and programmes that encourage healthier eating and physical activity have been finalised for the Local Plan and LIP3 proposals. Additionally, a public questionnaire has been launched to provide final consultation over the updated care pathways. Over the next quarter, priorities include presenting proposed actions on the Local Government Declaration on Sugar, as well as presenting the agreed action plan for Food Secure Barnet to the Health and Wellbeing Board

1.24 There are five key indicators linked to this priority in the Corporate Plan. Child excess weight are annual indicators and will be reported later in the year. Smoking cessation and NHS Health Checks are reported a quarter in arrears, so Q1 results are reported below.

- **Smoking cessation - 4-week quitters (RAG rated RED) - 86 against a target of 100.** Q1 results have been affected by the transfer of the Public Health service and contracts from Harrow to Barnet. This caused a delay in initiating smoking cessation sessions with some service providers, with some contracts yet to be returned. The results are provisional at this stage, as the support provided to smokers covers a six week period; therefore, some smokers will not complete the sessions until the following quarter. The final Q1 results are expected to be higher.²⁰ Smoking cessation is also thought to be influenced by seasonal campaigns such as Stoptober and links to behavioural change such as New Year resolutions.
- **NHS Health Checks – Uptake (RAG rated RED) - 1757 against a target of 2325.** Q1 results have been affected by the transfer of the Public Health service from Harrow to Barnet. New contracts were sent out to GPs, with some yet to be returned. Training will be provided for practice staff in service delivery.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Smoking cessation – 4-week quitters	Bigger is Better	444	400	100	86 (R)	↑ I +13%	76	No benchmark available
NHS Health Checks - Invites	Bigger is Better	17938	20155	5038	5105 (G)	↑ I +72%	2969	No benchmark available
NHS Health Checks - Uptake	Bigger is Better	6286	9300	2325	1757 (R)	↑ I +86%	945	No benchmark available

²⁰ There is time lag on results for smoking cessation due to the verification process. Final results will be confirmed at year-end.

Indicator	Polarity	17/18 EOY	18/19 Target	Q1 18/19			Q1 17/18	Benchmarking
				Target	Result	DOT	Result	
Child excess weight – 4/5 year olds (Annual)	Smaller is Better	21.00%	18.97%	N/A	Due Q3 18/19	N/A	N/A	London 22.31% England 22.63% (16/17, Public Health England)
Child excess weight – 10/11 year olds (Annual)	Smaller is Better	32.60%	31.16%	N/A	Due Q3 18/19	N/A	N/A	London 38.55% England 34.25% (16/17, Public Health England)

1.25 There is one high level risk linked to this priority. This is a service risk.

- PH06 - Pandemic Influenza type disease outbreak (residual risk score 20)** - A Declaration of Pandemic Influenza by the World Health Organisation (WHO) could lead to severe resource and capacity issues for the council and partner agencies impacting on the delivery of services and the health protection of the borough's residents. Pandemic Influenza is a national risk and is recorded on the Borough Resilience Forum Risk Register. Local Authority management of a Pandemic Influenza outbreak is in accordance with the council's category 1 statutory responsibilities and obligations, in line with the Civil Contingencies Act (2004). Secure tools have been developed to support the recording and updating of cases offline in emergency situations. Management of the risk includes reviewing the multi-agency Pandemic Flu emergency preparedness and resilience and response planning to ensure robust borough planning is in line with national and regional guidance. The risk has reached its target risk score of 20 and is being tolerated with the existing controls and mitigations in place. The risk score is as high as 20 because Pandemic Flu outbreaks occur in a cycle of 10 years and it is 9 years since the last pandemic. Therefore, it is considered by the WHO that a pandemic is highly likely to occur in the near to medium future.

Strategic issues/escalations

1.26 This report does not identify any matters which require an escalation to Policy and Resources Committee by the Adults and Safeguarding Committee.

2 REASONS FOR RECOMMENDATIONS

- 2.1 These recommendations are to provide the Committee with relevant financial, performance and risk information in relation to the priorities in the Corporate Plan 2018/19 Addendum.

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 overview of performance for Q2, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level risks.
- 5.1.2 The Q2 2018/19 results for all Corporate Plan indicators are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>
- 5.1.3 Robust budget, performance and risk 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.
- 5.1.4 Relevant council strategies and policies include the following:
- Corporate Plan 2015-2020
 - Corporate Plan - 2016/17, 2017/18 and 2018/19 Addendums
 - Medium Term Financial Strategy
 - Performance and Risk Management Frameworks.
- 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)

- 5.2.1 The budget forecasts are included in the report. More detailed information on financial performance will be provided to Financial Performance and Contracts Committee.

5.3 Social Value

- 5.3.1 The Public Services (Social Value) Act 2012 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. The council's contract management framework oversees that contracts deliver the expected services to the expected quality for the agreed cost. Requirements for a contractor to deliver activities in line with Social Value will be monitored through this contract management process.

5.4 Legal and Constitutional References

- 5.4.1 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.
- 5.4.2 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.
- 5.4.3 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:
- (1) Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
 - (2) Work 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.
 - (3) To submit to the Policy and Resources Committee proposals relating to the Committee’s budget for the following year in accordance with the budget timetable.
 - (4) To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
 - (5) To receive reports on relevant performance information and risk on the services under the remit of the Committee.
- 5.4.4 The council’s Financial Regulations can be found at:
<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

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. All high level risks (scoring 15 or above) associated with the priorities for this Committee are outlined in the report.

5.6 Equalities and Diversity

- 5.6.1 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

5.7 Corporate Parenting

5.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to this report.

5.8 Consultation and Engagement

5.8.1 Consultation on the Corporate Plan 2015-2020 was undertaken between summer 2013 and March 2015. Consultation on the new Corporate Plan 2019-24 was carried out in the summer 2018. The Corporate Plan will be approved by Council in March 2019.

5.9 Insight

5.9.1 The report identifies key budget, performance and risk information in relation to the Corporate Plan 2018/19 Addendum.

6 BACKGROUND PAPERS

6.1 Council, 6 March 2018 – approved 2018/19 addendum to Corporate Plan.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9162&Ver=4>

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**London Borough of Barnet
Adults and Safeguarding
Committee Work Programme
December 2018 - March 2019**

Contact: Naomi Kwasa: naomi.kwasa@barnet.gov.uk 0208 359 4144

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
18 March 2019			
Healthwatch Barnet Enter and View Summary Report	A report on the findings of the Enter and View visits carried out by Healthwatch Barnet during 2017/18 and what the local authority has done as a result.	Strategic Director of Adults, Communities and Health	Non-key
Q3 2018/19 Adults & Safeguarding Performance Report	A regular performance report.	Strategic Director of Adults, Communities and Health	Non-key
Item(s) to be allocated			
Extra Care Benchmarking		Strategic Director of Adults, Communities and Health	Key