

**MEETING**

**ADULTS AND SAFEGUARDING COMMITTEE**

**DATE AND TIME**

**WEDNESDAY 5TH JUNE, 2019**

**AT 7.00 PM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG**

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

Chairman: Councillor Sachin Rajput

Vice Chairman: Councillor Lisa Rutter

**Councillors**

Councillor Paul Edwards  
Councillor Golnar Bokaei  
Councillor Caroline Stock

Councillor Jo Cooper  
Councillor Reema Patel  
Councillor Anne Hutton

Councillor Saira Don  
Councillor Felix Byers

**Substitute Members**

Councillor Brian Gordon  
Councillor Claire Farrier  
Councillor Anthony Finn  
Councillor Daniel Thomas  
Councillor Alison Moore  
Councillor 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 Friday 31<sup>st</sup> at 10AM. Requests must be submitted to Abigail Lewis [abigail.lewis@barnet.gov.uk](mailto:abigail.lewis@barnet.gov.uk) 020 8359 4369

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

**Andrew Charlwood – Head of Governance**

Governance Service contact: Abigail Lewis [abigail.lewis@barnet.gov.uk](mailto:abigail.lewis@barnet.gov.uk) 020 8359 4369

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.	End of Year Performance Report 2018/19	9 - 26
8.	Direct Payments	27 - 34
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10.	Local Shared Lives Scheme	45 - 52
11.	Committee Forward Work Programme	53 - 58
12.	Any other items that the Chairman decides are urgent	

### FACILITIES FOR PEOPLE WITH DISABILITIES

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## Decisions of the Adults and Safeguarding Committee

18 March 2019

Members Present:-

AGENDA ITEM 1

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

Councillor Weeden-Sanz  
Councillor Paul Edwards  
Councillor Bokaei  
Councillor Caroline Stock

Councillor Jo Cooper  
Councillor Reema Patel  
Councillor Anne Hutton  
Councillor Helene Richman

### 1. MINUTES

The minutes of the meeting held on the 26<sup>th</sup> November 2018 were agreed as a correct record.

### 2. ABSENCE OF MEMBERS

None.

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

Cllr Cooper declared a non-pecuniary interest in that she is employed by the Royal Free London NHS Foundation Trust.

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

Councillor Anne Hutton declared a non-pecuniary interest in that she is a Trustee of Barnet Carers Centre.

### 4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

### 5. MEMBERS' ITEMS (IF ANY)

None.

### 6. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

None.

### 7. ANSELL COURT

The Strategic Director for Adults, Communities and Health introduced the report which informed the Committee of the plans for the opening of Ansell Court and provided comparative information on extra care costs.

The Head of Commissioning Older Adults and Integrated Care and the Director of Care and Support the Barnet Group were invited by the Chairman to join the table and answer questions from the Committee.

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

**The Committee unanimously RESOLVED that:**

- 1. The Adults and Safeguarding Committee notes the plans for the opening of Ansell Court, including planned timescales for all flats to be occupied.**
- 2. That the Adults and Safeguarding Committee notes the comparative information on extra care costs provided in the report.**

## **8. QUARTERLY PERFORMANCE REPORT**

The Chairman introduced the quarterly performance report which provided an update on the Committees priorities in the Corporate Plan 2018/19 addendum for quarter 3, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high-level risks.

The Chairman welcomed the new Assistant Directors to the Committee and thanked Matthew Kendall, who had moved onto another post, for all his hard work.

Officers confirmed that any underspends would not be ring fenced and would be used to help the Council's overall financial position.

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

**The Committee unanimously RESOLVED to:**

- 1. Review the financial, performance and risk information for Q3 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.**

## **9. DELIVERY PLAN**

The Strategic Director for Adults, Communities and Health introduced the report which sets out the specific actions to achieve the priorities of the Committee over the next year, and how the progress and performance of these will be measured.

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

The votes were as follows:

For: 6

Against: 4

**It was RESOLVED that:**

**The Committee approve the Delivery Plan 2019/20 as set out in Appendix B.**

**10. COMMITTEE FORWARD WORK PROGRAMME**

A new forward work programme will be agreed for 2019/20.

**It was unanimously agreed to move the motion to exclude the press and public was agreed in order to discuss the exempt item on the agenda. RESOLVED that under Section 100A (4) of the Local Government Act 1972 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 2 and 7 of Part 1 of Schedule 12A of the Act (as amended).**

**11. NEW DELIVERY MODEL FOR CARE HOME AND DAY CARE SERVICES - EXEMPT**

**RESOLVED - that the information contained in the exempt report be noted.**

**12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT**

None.

Meeting finished at 20.50.

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## Adults and Safeguarding Committee

5 June 2019

<b>Title</b>	<b>End of Year (EOY) 2018/19 Adults and Safeguarding Performance Report</b>
<b>Report of</b>	Councillor Sachin Rajput – Committee Chairman
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
<b>Officer Contact Details</b>	Alaine Clarke, Head of Programmes, Performance and Risk <a href="mailto:alaine.clarke@barnet.gov.uk">alaine.clarke@barnet.gov.uk</a>

### Summary

This report provides an annual overview of the Theme Committee priorities in the Corporate Plan 2018/19 Addendum at the **End of Year (EOY) 2018/19**, including budget outturns (revenue and capital) and performance on activities and key indicators, as well as any high level (scoring 15+) risks.

### Officer Recommendations

- 1. The Committee is asked to review the financial, performance and risk information for EOY 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 (A&S) 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 (see table 1) were 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 annual overview of these priorities at the **End of Year (EOY) 2018/19**, including budget outturns (revenue and capital) and performance on activities and key indicators, as well as any high level (scoring 15+) risks.
- 1.3 This report is in addition to the EOY 2018/19 Strategic Performance Report to Policy and Resources (P&R) Committee (17 June 2019) and the EOY 2018/19 Contracts Performance Report to Financial Performance and Contracts (FPC) Committee (19 June 2019). These reports will be published on the committee section of the council's website at <https://barnet.moderngov.co.uk/ieDocHome.aspx?bcr=1> prior to the committees.

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

Priorities	Key activities
<b>Embedding strength-based best practice</b>	<ul style="list-style-type: none"> <li>• Share and develop strength-based working with citizens, health providers and the voluntary and community sector</li> <li>• Implement the prevention and wellbeing co-ordination model with the local voluntary and community sector</li> <li>• 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</li> <li>• 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</li> <li>• Offer employment support to people who use adult social care through the new employment support framework and Your Choice Barnet (YCB) services</li> <li>• Continue to provide advice and support to carers</li> </ul>
<b>Integrating local health and social care</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Work in partnership with the CCG to implement the Care Closer to Home programme</li> <li>• 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</li> <li>• Improve the health of carers through delivery of the carers and young</li> </ul>

Priorities	Key activities
	<p>carers strategy.</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>
<b>Needs-based support</b>	<ul style="list-style-type: none"> <li>• Expand homecare, enablement and support options for residents e.g. offer more technology services and increase supported living and nursing care</li> <li>• 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</li> <li>• Re-commission care and support services at two extra care schemes (Goodwin Court and Wood Court)</li> <li>• Work with Barnet Homes to enhance existing sheltered housing and housing plus to meet the increasing needs of older residents and those with disabilities</li> <li>• 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</li> <li>• Prototype employment services for working age adults to support them to find and maintain employment</li> <li>• Work closely with YCB to monitor and support their person-centred approach to increase independence and help people to progress to employment</li> <li>• 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</li> </ul>
<b>Improving leisure facilities and physical activity</b>	<ul style="list-style-type: none"> <li>• Complete implementation of the new leisure management contract including new services for residents</li> <li>• Continue construction of two new leisure centres - Barnet Copthall and New Barnet – for a planned opening in 2019</li> <li>• Deliver improvements to existing leisure centres</li> <li>• Raise awareness of sport and physical activity and increase participation through the Fit and Active Barnet Partnership</li> <li>• Co-ordinate funding applications, volunteering and training opportunities through the Fit and Active Barnet Partnership</li> <li>• 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</li> </ul>
<b>Health and Wellbeing</b>	<ul style="list-style-type: none"> <li>• Commission lead providers for health checks and smoking cessation services to simplify administration and deliver improved outcomes</li> <li>• Implement the Healthy Weight Implementation Plan across the partnership</li> </ul>

## Budget Outturns

1.4 The **Revenue Outturn** (after reserve movements) for Adults and Communities **underspent by £0.583m** (see table 2). In total, £7.825m of savings were achieved. This was made of £2.980m MTFs savings and £4.845m in ‘recovery/mitigating’ savings.

**Table 2: Revenue Outturn (2018/19)**

Service	Revised Budget	18/19 Outturn	Variance from Revised Budget Adv/(fav)	Reserve Movements	18/19 Outturn after Reserve Movements	Variance after Reserve Movements Adv/(fav)	Savings Delivered (MTFS)	Recovery /Mitigating Savings
	£0	£0	£0	£0	£0	£0	£0	£0
Integrated Care – Learning Disabilities	28,226	28,368	142.00	0	28,368	142.00	(891)	(713)
Integrated Care – Mental Health	6,604	6,601	(3)	0	6,601	(3)	(262)	(521)
Integrated Care – Older Adults	32,139	31,974	(165)	0	31,974	(165)	(1,287)	(2,491)
Integrated Care – Physical Disabilities	8,430	8,471	41.00	0	8,471	41.00	(246)	(61)
Workforce	14,598	13,832	(766)	0	13,832	(766)	0.00	(479)
A&C Other	5,496	5,663	167.00	0	5,663	167.00	(294)	(580)
<b>Adults and Communities</b>	<b>95,493</b>	<b>94,910</b>	<b>(583)</b>	<b>0</b>	<b>94,910</b>	<b>(583)</b>	<b>(2,980)</b>	<b>(4,845)</b>

1.5 The non-placements budgets underspent by £0.598m, which is the net effect of £0.766m underspend on staffing budget and £0.167m overspend mostly due to Deprivation of Liberty safeguards (DoLS) assessment costs in A&C Other. This cost centre budget pays for several contracts on prevention services and DoLS.

The placements budget overspent by £0.015m mostly due to under 65's Learning and Physical Disability clients offset by underspends in Older Adults and Mental Health clients. The placements budget includes Winter Pressures funding from the Government of £1.400m which was allocated to the relevant client budgets to reflect pressure from hospital discharge.

There are several significant debtors (such as the CCG) for the service which could result in debt write offs being written back to the service. The service management are working hard to resolve the debt issue and the council has put in place a Debt Board to look at how debt is managed and pursued.

1.6 The **Capital Outturn** for Adults and Communities (Investing in IT) was **£1.531m** and for the Commissioning Group (Sport and Physical Activities) was **£23.603m**.

**Table 3: Capital Outturn (2018/19)**

Service	18/19 Revised Budget	Additions/ (Deletions)	(Slippage)/ Accelerated Spend	18/19 Outturn	Variance from Approved Budget
	£000	£000	£000	£000	£000
Investing in IT	2,400	(481)	(388)	1,531	(869)
Adults and Communities	2,400	(481)	(388)	1,531	(869)
Sport and Physical Activities (SPA)	23,277	0	326	23,603	(326)
Commissioning Group (SPA)	23,277	0	326	23,603	(326)

1.7 **Adults and Communities** slippage was £0.388m and a deletion of £481m on the Mosaic project. The deletion is due to revenue project costs transferred to capital receipts.

1.8 Sport and Physical slippage was £0.326m due to expenditure scheduled in 2019/20.

### Committee priorities

1.9 The update on Committee priorities includes performance and risk information as follows:

- Progress on activities
- Performance of key indicators<sup>1</sup>
- High level (scoring 15+) risks from the Corporate Risk Register<sup>2</sup>
- 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 EOY 2018/19 position on budget forecasts, progress on activities, performance of key indicators and any high level (scoring 15+) risks.

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

Adults and Communities Committee priorities	Overall status
Embedding strength-based best practice	Amber
Integrating local health and social care	Amber
Needs-based support	Green
Improving leisure facilities and physical activity	Amber
Health and Wellbeing	Amber

<sup>1</sup> 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: EOY 18/19 result minus EOY 17/18 result equals difference; then difference divided by EOY 17/18 result multiplied by 100 = percentage variation. Any results not for the full year are illustrated by (s) snapshot at end of year or (r) rolling 12 months.

<sup>2</sup> The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high level (scoring 15+) 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 Q4 18/19 Corporate Risk Register provides a snapshot in time (as at end March 2019).

## Embedding strength-based practice

- 1.11 Strength-based social care practice has continued to be embedded throughout the year. This has involved regular quality checks managed through the panel authorisation process, training, and internal and external audit activity. Significant improvements have been seen in the relevant ASCOF measures (reported in Q3) and external audit results (reported in Q4).

The Adult Social Care User Survey for 2017/18 showed that performance for key indicators on strength-based practice had been maintained or improved; and Barnet performed strongly against comparator local authorities. Overall satisfaction (those who stated they were extremely or very satisfied) with care and support increased from 61.7% in 2016/17 to 63.6% in 2017/18, with Barnet ranked 2<sup>nd</sup> against the comparator group of 16 local authorities. Barnet also maintained strong performance in relation to social care-related quality of life and ranked 4<sup>th</sup> against the comparator group, and Barnet ranked 2<sup>nd</sup> when people were asked about the impact of social care on their quality of life against the comparator group.

New services to support individuals into employment have been prototyped in the latter part of the year, involving close work with senior operational managers, and will be rolled out more widely in 2019/20.

- 1.12 There were 11 key indicators linked to this priority in the Corporate Plan. Five met the annual target; three cannot be reported because of difficulties reporting from the case management system (Mosaic); and three did not meet the annual target.
- **Adults with learning disabilities in paid employment (RAG rated RED) – 8.9% against an annual target of 10.9%.** There was a slight fall in the numbers of adults with learning disabilities in paid employment known to the council's adult social care service, from 78 to 74 adults, with the percentage score reduced due to a substantial increase in the learning disabilities cohort during Q4 from 802 to 830. This cohort includes all adults with learning disabilities who have been in receipt of a long-term service over the course of the year. To support these adults, the new day opportunities and employment support service has been prototyped with service users and social workers have used the annual care and support plan review process to identify adults suitable for referral into the employment support service.
  - **Adults with mental health needs in paid employment (RAG rated AMBER) – 7.3% against an annual target of 7.5%.** The new day opportunities and employment service is due to be rolled-out to adults with mental health needs in 2019/20. Although slightly below the annual target, the service has performed better than the London and England averages. To allow the council to benchmark its performance, this indicator follows a national definition which counts all adults with significant mental health needs rather than only adults in contact with council adult social care services. This means that the cohort covered by this indicator is much larger than those supported by adult social care.
  - **Adults with mental health needs who live independently with or without support (RAG rated AMBER) – 80.9% against an annual target of 83%.** In Q4, there was an increase in the number of new referrals to the service with a housing need, via hospital wards, crisis resolution teams and the Recovery House. Although

slightly below the annual target, the service has performed better than the London and England averages. Again, this indicator counts all adults with significant mental health needs rather than only adults in contact with local authority social care services.

Indicator	Polarity	Annual Target	EOY 18/19		EOY 17/18	Benchmarking
			Result	DOT	Result	
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	468.5 <sup>3</sup>	381.4 (G)	↓ W +22%	312.5	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	Smaller is Better	12.0	9.1 (G)	↓ W +181%	3.2	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	72.5%	78% (G)	↑ I +4%	75%	CIPFA Neighbours 70.9% London 73.3% England 77.2% (NASCIS, 17/18)
Adults with learning disabilities in paid employment	Bigger is Better	10.9%	8.9% (R)	↓ W -11%	10.1%	CIPFA Neighbours 9.3% London 7.5% England 6.0% (NASCIS, 17/18)
Adults with mental health needs in paid employment	Bigger is Better	7.5%	7.3% (A)	↑ I +8%	6.7%	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	83%	80.9% (A)	↓ W -2%	82.4%	CIPFA Neighbours 67.1% London 61% England 57% (NASCIS, 17/18)
Contacts that result in a care package	Monitor	Monitor	No result <sup>4</sup>	N/A	22.9%	No benchmark available
Service users receiving ongoing services with telecare	Bigger is Better	26.5%	No result <sup>5</sup>	N/A	25.4%	No benchmark available
Instances of information, advice and guidance provided to carers	Bigger is Better	3600	No result <sup>6</sup>	N/A	3874	No benchmark available

<sup>3</sup> This target has been revised to bring it into line with the trajectory agreed in Better Care Fund monitoring.

<sup>4</sup> This indicator cannot be reported because of difficulties with Mosaic configuration, reports and data quality.

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

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

Indicator	Polarity	Annual Target	EOY 18/19		EOY 17/18	Benchmarking
			Result	DOT	Result	
People who feel in control of their own lives (Annual)	Bigger is Better	73%	75.8% <sup>7</sup> (G)	↑ I +8%	69.9% <sup>8</sup>	CIPFA Neighbours 74.1% London 73.2% England 77.7% (NASCIS, 17/18)
Service users who find it easy to get information (Annual)	Bigger is Better	69.8%	69.1% <sup>9</sup> (G)	↓ W -4%	72.1% <sup>10</sup>	CIPFA Neighbours 71.2% London 70.1% England 73.3% (NASCIS, 17/18)

1.13 There were four high level (scoring 15+) risks linked to this priority in Q4 2018/19. One was a strategic risk and three were service risks.

- STR007 - Significant adults safeguarding incident (residual score 15).** The safeguarding risk in Adult Social Care is being managed by various policies and procedures, including adoption of the Pan-London procedures, practice standards, training; and quality assurance, including case audits and supervision audits. The service reports to CMT Assurance, Barnet Safeguarding Adults Board, Adults and Safeguarding Committee and the Health and Wellbeing Board annually. Oversight of safeguarding has been effectively maintained during the restructuring period and the implementation of the new senior management structure which is underway. The Safeguarding Board and Quality Assurance sub-group have met to ensure safeguarding standards are met across the council and partners. An external case audit took place early in Q4 and all safeguarding cases audited met safeguarding standards of practice. The Quality Assurance programme is ongoing and led by the Executive Director of Adults and Health.
- AC001 - Increased overspend to meet statutory duties (residual score 20).** The uncertainty of the operating environment could lead to insufficient resources for the service to meet its statutory duties. The demand for care services has continued to increase, particularly in complexity and the cost of individual care packages. Recovery planning has been ongoing 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. These actions have contributed to a forecast underspend position for 2018/19 but the medium-term pressures remain and 2019/20 will be extremely challenging.
- AC031 – Budget management (residual score 16).** Delays in resolving issues with Mosaic have limited the ability to produce routine budget reports, which could result

<sup>7</sup> This survey indicator has a confidence interval of +/-4.2%pts.

<sup>8</sup> The EOY results for 2017/18 show the results of the annual social care survey for 2016/17, which are reported a year in arrears. The measures from the survey were subject to further validation which was not reflected in the published NHS Digital results or in previous reports. This survey indicator has a confidence interval of +/-3.4%pts.

<sup>9</sup> This survey indicator has a confidence interval of +/-5.0%pts.

<sup>10</sup> The EOY results for 2017/18 show the results of the annual social care survey for 2016/17, which are reported a year in arrears. The measures from the survey were subject to further validation which was not reflected in the published NHS Digital results or in previous reports. This survey indicator has a confidence interval of +/-4.7%pts.

in budget issues not being identified and addressed in a timely fashion leading to an overspend. Following the procurement of Bettergov to deliver the implementation of the Mosaic system, the Mosaic programme plan focuses in its initial stages on streamlining the brokerage processes to ensure more timely purchasing of care. The new finance reporting solution is in use with trend analysis tools being developed and tested for rollout at the end of Q4.

- **AC028 - Lack of fully functioning case management system (residual score 15).** If the substantial remedial work required to Mosaic is not implemented in a timely manner, the lack of a fully functioning case management system will have an impact on key business processes and on data/information. The main commercial process has completed and a new contractor, Bettergov, has been procured to complete implementation of Mosaic. Good progress has been made in programme delivery.

## Integrating local health and social care

- 1.14 Although there has been a slight increase in overall health and care delays to hospital discharge in Q4, those attributable to social care have remained low throughout the year. This reflects close working with partners in the NHS and the ongoing commitment to support timely discharge. Increasing capacity in the homecare market in Q3 also contributed to the achievement of this outcome.

The council has worked closely with the Clinical Commissioning Group (CCG) on the Care Closer to Home Programme over the year. This programme has supported the development of six Care Closer to Home Networks (CHINs). In Q4, a diagnostics project to improve quality and reduce variation in care was mobilised. The programme is now focused on further developing social prescribing in Barnet, targeting Dementia and Diabetes within specific CHINs and exploring opportunities for digital transformation.

The Transforming Care Partnership has performed well throughout the year, with the only hospital admissions being in Q3. There is no financial impact for ongoing placements on Barnet Adult Social Care due to agreements with other local authorities. A number of complex cases have arisen where funding responsibilities are subject to dispute with other CCGs and legal advice has been sought on these. Officers continue to work closely to identify and manage risks; although it is likely that the risks will be held by the CCG.

- 1.15 There were two key indicators linked to this priority in the Corporate Plan. Reducing Delayed Transfers of Care (DTC) has been a priority for Adult Social Care, with national targets set for DTC reduction in July 2017 and the improved Better Care Fund (iBCF) was linked to achieving this target.

- **Delayed transfers of care (DTC) from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care (RAG rated RED) – 9.45 against an annual target of 6.84.** This measure shows performance in February 2019 (the most recent month for which data was available at the time of reporting). Barnet achieved the target for social care delayed discharges in February 2019 and has kept social care delays below target since April 2018, despite a more aggressive target being set in July 2018 which reduced the target rate of 2.6 delays per day per 100,000 population down to 2.03 delays per day per 100,000 population.

The total rate of delayed discharges did not achieve the target due to higher rates of NHS and joint delays.

Despite an increase in care provision since the autumn, the main reason for delays has continued to be due to provider capacity for complex needs, including housing support, availability of residential/nursing placements and non-weight bearing provision in the community. Winter pressures also had an impact on this final result for 2018/19.

Indicator	Polarity	Annual Target	EOY 18/19		EOY 17/18	Benchmarking
			Result	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	6.84 <sup>11</sup>	9.45 <sup>12</sup> (R)	↓ W +0.5%	9.4 <sup>13</sup>	CIPFA Neighbours 5.61 London 6.17 England 10.9 (Feb 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	2.03 <sup>14</sup>	2.01 <sup>15</sup> (G)	↑ I -13%	2.3 <sup>16</sup>	CIPFA Neighbours 1.77 London 1.93 England 2.92 (Feb 18, Department of Health)

1.16 There were two high level (scoring 15+) service risks linked to this priority in Q4 2018/19.

- AC002 - Failure of care provider (residual score 20).** The failure of a care provider could lead to services not being delivered. Due diligence is undertaken at the start of all contracts to ensure the quality and sustainability of providers; and regular contract monitoring take place. The service works across the care market to share best practice, support staff development and improve the quality of care. A provider failure / closure approach is in place to manage closure of homes and the safe transition of service users. The quality of social care providers continues to be broadly good across Barnet. There continues to be a low level of provider concerns identified. However, there remains a focus on supported living providers in the borough and through this work the Care Quality team is identifying providers where significant improvements are required to improve quality. The inflation bidding process is underway for 2019/20 and uplifted minimum sustainable price rates have been communicated to the market. The potential provider failure of Allied Healthcare in Q3 2018/19 has been avoided after a rescue deal was agreed with Castlerock

<sup>11</sup> 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 changed from 9.1 to 6.84.

<sup>12</sup> The results for the DTOC indicators are a snapshot of performance in the most recent month for which data is available at the point of report production (February 2019) – they do not show data over the preceding year.

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

<sup>14</sup> 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.

<sup>15</sup> The results for the DTOC indicators are a snapshot of performance in the most recent month for which data is available at the point of report production (February 2019) – they do not show data over the preceding year.

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

Recruitment Group (CRG) in December 2018. The risk score remains unchanged due to the continued fragility across the industry.

- **AC005 - Challenges to recruit and retain qualified staff (residual score 16).** A challenging job market could lead to difficulties in recruiting and retaining sufficient staff. An increasing number of posts are being held vacant to support financial recovery planning and in other cases recruitment has been postponed. This has an impact on remaining staff who are managing increased caseloads and holding higher volumes of incoming work as a result. The service is monitoring the effect on staff morale. Most agency staff who are not in project-based posts have been transferred to permanent contracts or left. Work has continued to monitor any additional risks posed by the office move to Colindale and Brexit.

## Needs-based support

- 1.17 Significant steps were taken to improve the provision of need-based support, including new extra care provision in Ansell Court, as well as a review of the supported living framework, accompanied by proposals to increase provision. Work to increase homecare capacity in the borough in Q3 had a direct impact on the number of delayed transfers of care from hospital, helping to manage winter pressures.

Work was carried out to review and assess the impact of autism provision, with an action plan developed to help meet statutory requirements in 2019/20. The Care Quality team continued to monitor and support early addressing of provider concerns, including management of significant issues with a national provider which enabled the council to minimise the impact on service users as well as preventing the escalation of quality issues.

- 1.18 There were two indicators linked to this priority in the Corporate Plan. Both met the annual target.

Indicator	Polarity	Annual Target	EOY 18/19		EOY 17/18	Benchmarking
			Result	DOT	Result	
People who use adult social care services satisfied with their care and support (Annual)	Bigger is Better	62.1% (within confidence interval)	63.6% <sup>17</sup> (G)	↑   +4%	61.7% <sup>18</sup>	CIPFA Neighbours 60.7 London 59.3% England 65.0% (NASCIS, 17/18)

<sup>17</sup> This survey indicator has a confidence interval of +/-4.7%pts.

<sup>18</sup> The EOY results for 2017/18 show the results of the annual social care survey for 2016/17, which are reported a year in arrears. The measures from the survey were subject to further validation which was not reflected in the published NHS Digital results or in previous reports. This survey indicator has a confidence interval of +/-3.9%pts.

Indicator	Polarity	Annual Target	EOY 18/19		EOY 17/18	Benchmarking
			Result	DOT	Result	
People who use services who say those services make them feel safe and secure (Annual)	Bigger is Better	81% (within confidence interval)	83.7% <sup>19</sup> (G)	↑   +7%	78.0% <sup>20</sup>	CIPFA 83.7% London 82.2% England 86.3% (NASCIS, 17/18)

1.19 There were no high level (scoring 15+) risks linked to this priority in Q4 2018/19.

### Improving leisure facilities and physical activity

1.20 The council worked closely with Greenwich Leisure Ltd (GLL) to develop accessibility and opportunities available through the Fit and Active Barnet (FAB) Card. Approximately, 22,000 residents registered for the free FAB Card since the launch in July 2018.

The launch of the new leisure management contract enabled a series of investments by GLL into the council's existing leisure facilities. This resulted in improvements to service and functionality at Burnt Oak, Hendon and Finchley Lido; and a new pathway for adult weight management; children's weight management; diabetes; falls prevention; cancer rehabilitation; and working with carers.

The council's new leisure centres at New Barnet and Barnet Copthall are due for practical completion in July and August 2019. The handover and mobilisation schedule are being discussed with the operator and building contractor.

1.21 There were two key indicators linked to this priority in the Corporate Plan. Neither met the annual target.

- **Population taking part in sport and physical activity at least twice in the last month (RAG rated AMBER) – 72.2% against an annual target of 78.5%.** This indicator is measured through the Active Lives Survey. The sample size for the survey was 500 people and the variation from target equates to three people. The council has invested in a number of schemes to support the improvement of physical activity infrastructure and opportunities in the borough, including new leisure facilities, sports facility enhancements via master planning exercises at Barnet Copthall, West Hendon, King George V Playing Fields, and the FAB campaign. In addition, work with key stakeholders has led to new community based initiatives, including new weekly Parkrun events in Friary Park (juniors) and Sunny Hill Park.
- **Total number of leisure attendances (RAG rated AMBER) – 1,133,326 against an annual target of 1,163,000.** The EOY result was impacted by lower than anticipated attendances in Q1 and new facilities being installed during the year. All facilities have seen increased year on year usage, with Burnt Oak seeing the highest growth which can be linked to the opening of the nursery, uplifted usage from the improved 3G pitch and an increase in Health and Fitness members. The growth in

<sup>19</sup> This survey indicator has a confidence interval of +/-3.1%pts.

<sup>20</sup> The EOY results for 2017/18 show the results of the annual social care survey for 2016/17, which are reported a year in arrears. The measures from the survey were subject to further validation which was not reflected in the published NHS Digital results or in previous reports. This survey indicator has a confidence interval of +/-3.2%pts.

FAB Card members since its launch in July 2018 has had a positive impact on centre usage.

Indicator	Polarity	Annual Target	EOY 18/19		EOY 17/18	Benchmarking
			Result	DOT	Result	
Population taking part in sport and physical activity at least twice in the last month (Annual) <sup>21</sup>	Bigger is Better	78.5%	72.2% <sup>22</sup> (A)	↓ W -7%	77.9%	Rank 30 (out of 33 London Boroughs) (2018, Sport England)
Total number of leisure attendances	Bigger is Better	1,163,000	1,133,326 (A)	New for 18/19	New for 18/19	No benchmark available

1.22 There were no high level (scoring 15+) risks linked to this priority in Q4 2018/19.

## Health and Wellbeing

1.23 The Barnet **Stop Smoking Service** has continued to encourage smokers to attend sessions to support them to quit. In 2018/19, the service has achieved 442 four-week quitters so far (compared with 444 last year). This figure should increase before the data return closing date. The service achieved a higher quit rate of 45.8 (compared to 44.8 last year). Access to the service for target populations improved with a 46% increase in the number of people with Long Term Conditions quitting (120, compared to 82 last year). The number of Mental Health service users quitting also increased to 46% (35, compared to 24 last year). More pregnant women used the service (16, compared to 6 last year). The final figures will be available in mid-June 2019.

The **NHS Health Checks** programme in Barnet is delivered by GP practices, with most local practices (49 out of 55) engaged in delivering the programme and completing health checks with some of their eligible patients. This year saw an improvement in the number of invitations sent to eligible patients by practices for an NHS Health Check (20225, compared with 17938 last year) and the target set by the Department of Health was met. The target for completed checks was not achieved. However, there was a significant (24.3%) improvement in the number of people receiving a NHS Health Check (7812, compared with 6286 last year). There was an improved invite to Health Check conversion rate (38.6%, compared with 35% last year).

Significant progress was made towards a whole systems approach to **obesity**. The food security needs analysis was completed in partnership with University College London and London School of Hygiene and Tropical Medicine and stakeholders and partners from more than 20 organisations and departments came together to talk about future action for a food secure in Barnet. The whole systems approach to healthy weight: a strategic approach was presented at the Health and Wellbeing

<sup>21</sup> The Active Lives Adult Survey was sent out to a randomly selected sample of households across England in May 2018. The overall sample size was around 198,250 people, with 500 from Barnet. The data is weighted to the Office for National Statistics (ONS) population measures for geography and key demographics. The result is impacted slightly due to the ONS producing revised estimates of the sub-national population in June 2018, where Barnet's population has increased. A confidence interval of +/-2% points applies.

<sup>22</sup> This is a provisional result, which will be confirmed in May 2019. Another survey was undertaken in November 2018, which will be published in 2019/20. Comparisons with other London Boroughs should be considered with caution, as a sample size of 500 was used regardless of the population size.

Board in July 2018 and it formally established eight workstreams moving forward: food security; transport; Fit & Active Barnet; local government declaration on sugar reduction and healthier eating; planning policy; healthier catering commitment; healthy schools and early years; and care pathways. To determine these priority areas, a needs analysis was completed, including consultations with GP's, Mencap and residents. Barnet's healthy weight pathway, which takes a life-course approach from antenatal care into child and adult healthy weight care, was launched to assist primary care providers with signposting referrals.

The local government declaration on sugar reduction and healthier eating was agreed at Full Council and physical activity and healthier eating were integrated into other work areas, including resilient schools and workplace wellbeing. The Resilient Schools Programme is working to incorporate physical activity into its programme. A hot food takeaways and planning review was completed in partnership with the planning policy team to inform the new local plan policy around A5 premises, and healthy weight principles were considered as part of LIP3 proposals to Transport for London, as well as the re-procurement of council advertising contracts. Barnet has represented the North Central London sustainability and transformation partnership at the All-Party Parliamentary Group on Obesity.

1.24 There were five key indicators linked to this priority in the Corporate Plan. One indicator did not meet the annual target.

- **NHS Health Checks – Uptake (RAG rated AMBER) - 7812 against a target of 9300.** Health check invitations was above target, an improvement on last year where the target was not met. Uptake of health checks was below target. This target was ambitious, and the result was an improvement on last year.

Indicator	Polarity	Annual Target	EOY 18/19		EOY 17/18	Benchmarking
			Result	DOT	Result	
Smoking cessation – 4-week quitters <sup>23</sup>	Bigger is Better	400	442 (G)	↓ W -0.5%	444	No benchmark available
NHS Health Checks - Invites	Bigger is Better	20155	20225 (G)	↑ I +13%	17938	No benchmark available
NHS Health Checks - Uptake	Bigger is Better	9300	7812 (A)	↑ I +24%	6286	No benchmark available
Child excess weight – 4/5 year olds (Annual)	Smaller is Better	18.97%	Due Q1 19/20	N/A	21.00%	London 22.31% England 22.63% (16/17, Public Health England)
Child excess weight – 10/11 year olds (Annual)	Smaller is Better	31.16%	Due Q1 19/20	N/A	32.60%	London 38.55% England 34.25% (16/17, Public Health England)

1.25 There was one high level (scoring 15+) service risk linked to this priority in Q4 2018/19.

<sup>23</sup> Provisional result. The final result will be reported to the Department of Health on 10 June 2019.

- **PH06 - Pandemic Influenza type disease outbreak (residual 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 resulting in an impact on service delivery and the health protection of 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)]. Mitigations are in place in terms of the Pandemic Flu plan – signed off in 2017 - which will be reviewed and updated. The controls and mitigations remain in place. The Pandemic Flu Plan has been updated during the quarter and sent to the Borough Resilience Forum for approval.

## Strategic issues/escalations

1.26 There were no strategic issues/escalations in relation to this report for P&R Committee

## BREAKDOWN OF MTFS SAVINGS AND STATUS

1.27 The table below provides a breakdown of the Medium Term Financial Strategy (MTFS) savings that were delivered in 2018/19.

Ref	Opportunity Area	Amount (£000)	Status (RAG)
<b>Efficiency</b>			
E1	3rd Party Spend (Inc. Prevention)	-294	Achieved
E3	Transformation of Your Choice Barnet supported living and day-care services	-343	Achieved
<b>Income</b>			
I1	Better Care Fund	-148	Achieved
<b>Reducing demand, promoting independence</b>			
R1	Savings through supporting people in the community as opposed to high cost care packages and residential placements	-100	Achieved
R2	Carers Intervention programme - Dementia	-160	Achieved
R3	Extra-Care 1 (Moreton Court)	-465	Achieved (shortfall substituted by additional client income)
R4	Independence of Young People	-150	Achieved (substituted by additional client income)
R5	Assistive Technology	-500	Achieved
R6	Older Adults - DFGs	-170	Achieved
R7	Personal assistants	-50	Achieved
R8	Support for Working age adults	-350	Achieved
R9	Mental Health service users moving to step down/independent accommodation	-250	Achieved
<b>Total</b>		<b>-2,980</b>	<b>Achieved</b>

## **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 EOY 2018/19, including budget forecasts for revenue and capital, progress on activities, performance of key indicators and any high level (scoring 15+) risks.

- 5.1.2 The EOY 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 (scoring 15+) risks associated with the priorities for this Committee are outlined in the report.

## **5.6 Equalities and Diversity**

- 5.6.1 Section 149 of the Equality Act 2010 sets out the Public Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
  - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
  - Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.
- 5.6.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; marriage and civil partnership, pregnancy and maternity; race; religion or belief; sex and sexual orientation.
- 5.6.3 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.

- 5.6.4 This is set out in the council's Equalities Policy, which can be found on the website at: <https://www.barnet.gov.uk/your-council/policies-plans-and-performance/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>



**Adults and Safeguarding Committee**  
**5 June 2019**

<b>Title</b>	<b>Introducing Pre-Paid Cards for Direct Payments</b>
<b>Report of</b>	Chairman of the Adults and Safeguarding Committee
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
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**Summary**

The Council is implementing a change to the way that direct payments are managed and monitored by introducing Pre-Paid Cards.

Currently people who receive direct payments for their eligible care and support needs are paid these funds directly into their personal bank accounts. The person is required to provide regular monitoring information, such as bank statements, to the Council. This process is time consuming for both the person and the Council and relies on full compliance for the monitoring process to be effective.

The intention is to move all direct payment delivery and administration to Pre-Paid Cards. This will improve the experience for people with care and support needs, as well as making it easier for the Council to monitor and audit the use of Direct Payment funds.

Pre-Paid cards work in the same way as a current account with a debit card. The card can be used to pay for services by 'chip and pin', standing order, direct debit, bank transfer, telephone or the Internet. People will be able to view all their spending online and this information is retained and available to print at the person's convenience. The Council will also have real-time access to view individual's accounts meaning that the administrative burden on people with care needs is reduced. The use of pre-paid cards will significantly

improve the Council's financial monitoring and auditing capabilities, making it easier to identify and recoup surplus or misused funds and combat fraudulent activity.

The Pre-Paid Card solution also forms part of the 2019/20 Adults and Safeguarding Committee's element of the council's medium term financial strategy (MTFS), with a savings target of £250,000 in 2019/20.

## **Recommendations**

- 1. The Adults and Safeguarding Committee is asked to note the contents of the report, which supports the achievement of the council's medium term financial strategy.**
- 2. That the Adults and Safeguarding Committee supports the implementation of the pre-paid card solution in Barnet adult social care services.**

### **1. WHY THIS REPORT IS NEEDED**

- 1.1 This report is designed to give the Committee information on the implementation of Pre-Paid Cards to manage Direct Payments in Adult Social Care. This is not a change to the Direct Payment Policy but a change to the process of how people receive their Direct Payment and how Direct Payments are monitored.
- 1.2 Direct payments are payments made to people who have been assessed by Barnet Council as having eligible care and support needs under the Care Act 2014. The payments are made directly to the person with care needs, as opposed to a care provider. This means people can arrange their own services or support, giving them more choice and control, as they decide how and in what way their needs are met.
- 1.3 In Barnet there are currently 1010 service users who receive a Direct Payment. 817 receive a Direct Payment into their bank account, whilst 193 have their Direct Payment managed through a Payroll company. A Payroll company manages the employment of carers or personal assistants on the person's behalf, dealing with all responsibilities of an employer such as tax, holiday entitlement and national insurance.
- 1.4 In 2018/19, Barnet council's net Direct Payment spend was £10.460. The table below shows the breakdown of this spending.

Care Group	Number of service users	2018/19 Spend
Older Adults	398	£ 3,767,512
Learning Disabilities	236	£ 2,690,969
Dementia	37	£ 528,611
Mental Health	43	£ 311,721
Physical Disabilities	296	£ 3161473
<b>Total</b>	<b>1010</b>	<b>£ 10,460,285</b>

- 1.5 People who receive payments directly into their personal bank accounts have to provide regular monitoring information such as bank statements to the Council. This information is then monitored to ensure the person is spending the money on meeting their eligible care and support needs and that their client contribution is being used towards their care (the client contribution is the assessed amount, under the Council's Fairer Charging Policy, that they have to contribute to their care). The monitoring information is shared with the Council either through email, letter or following a visit from a Direct Payments Monitoring Officer. This process is time consuming for both the person and the Council.
- 1.6 Hence, the council will be changing the way it administers direct payments to people with care and support needs. Instead of making cash payments to individual's bank accounts, all future payments will be made into a Pre-Paid Card Account. This will reduce the administrative burden on both the person and the council and enable real-time monitoring of the use of direct payment funds.
- 1.7 70 Local Authorities, out of the 152 with adult social care responsibilities in England, use a Pre-Paid card system to administer and monitor Direct Payments. This includes many London Boroughs and specifically Haringey, Camden and Enfield in North Central London.
- 1.8 The use of Pre-Paid Cards will ensure that unspent funds are recouped more efficiently. This is a key part of the Adult and Safeguarding Committee Delivery Plan, with an MTF target of £250,000 to be delivered through the introduction of Pre-Paid Cards enabling more effective monitoring of Direct Payment accounts in 2019/20.
- 1.9 The ability to monitor direct payment spending in real time also means that the council will be able to identify people's changing needs or any unusual situations more quickly and hence enable a timelier response by the council to potential safeguarding issues.

### Pre-Paid Cards

- 1.10 Pre-Paid Cards operate in the same way as a debit card for a current account (with no overdraft facility). Direct payments will be made straight onto the card by the Council. The card allows people to:

- Use the card to pay for services by 'chip and pin', standing order, direct debit, bank transfer, telephone or the Internet
  - Make purchases if there are sufficient funds on the cards
  - View and monitor all spend activity online
- 1.11 The management and implementation of Pre-Paid Cards will be managed within the Customer Finance team within the Council's Adults and Health Directorate. The service has followed the Council's Contract Procurement Regulations to procure a third-party provider to provide the bank account, cards and payment function on our behalf.
- 1.12 The provider is Prepaid Financial Services Ltd (PFS). This decision was agreed within the Council's Contract Procedure Rules through a Chief Officer Decision in consultation with the Adults and Safeguarding Committee Chairman, Councillor Sachin Rajput. PFS currently provide a Pre-Paid Card solution to 30 Local Authorities across the Country.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 The main reason for introducing pre-paid cards is the range of benefits they will bring to residents and the council.
- 2.2 People will have a better customer experience, because they will have a reduced administrative burden. They will not need to regularly send the Council bank statements and records of expenditure. The use of the cards will also assist some people to develop their life skills, promoting independence and self-sufficiency.
- 2.3 The introduction of Prepaid Cards will help improve the Council's financial monitoring and auditing capabilities, making it easier to identify and recoup surplus or misused funds, combat fraudulent activities and identify when service users are not making their assessed financial contribution.
- 2.4 Weekly reports on everyone's expenditure will be sent directly to the Council, significantly reducing the administrative monitoring burden on the Council. The use of this report enabled Surrey County Council to save 10 per cent on their direct payments spend when Pre-Paid Cards were introduced in 2015.
- 2.5 Pre-paid cards also allow the Council to block expenditure on certain merchant groups, such as gambling.
- 2.6 The use of Prepaid Cards will also improve safeguarding responsiveness by providing constant, up-to-date information on service user expenditure, helping to identify potential financial abuse. It will also enable the council to respond more quickly when a change in spending patterns is an indicator of changing care needs.
- 2.7 As outlined in paragraph 1.8 above, there is a £250,000 MTFs saving attributed to the delivery of Pre-Paid Cards. This will be achieved through more effectively monitoring Direct Payment Accounts and recouping unused funds. The

£250,000 is additional to the £660,000 income that is already projected as part of the 2019/20 adult social care budget. The total recouping of funds for 2019/20 is therefore £910,000, which sits within the high and low saving estimates outlined in the table below.

- 2.8 The table below outlines the projected savings that can be achieved over a 3-year period, based on financial modelling.

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
High	£1,439,712	£1,439,712	£1,439,712
Low	£759,848	£759,848	£759,848

- 2.9 The cost benefit analysis is based on a benchmarking exercise of other local authorities combined with insight from the council's Direct Payment Team. The range varies from a low recouping assumption of 4% to a high assumption of 10%. The gap between the low and high savings target is due to the current lack of visibility of some Direct Payment service users account balances and transactional activity, which will be rectified by the implementation of pre-paid cards

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Continuing with the current approach of administration and monitoring is not recommended, given the benefits outlined in this report.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 A test phase of the Pre-Paid Card system is scheduled to commence in July 2019.

- 4.2 30 people who have a direct payment, with a range of needs, will take part in the test phase.

- 4.3 A communications plan has been developed to ensure that the changes are effectively communicated to all people with a Direct payment in an accessible manner. The communication plan seeks to advise and inform the following primary stakeholders:

- Social Care clients (Adults & Children's)
- Relatives / friends of social care clients
- Carers
- Council staff
- Elected Members
- Voluntary sector and health partners

- 4.4 Communication will be customised to reflect the communications needs of each of the different stakeholders. There will also be a range of ways that we will communicate the changes, depending on the needs of the individual and their responsiveness.

- 4.5 Following the test phase, the plan is to roll out Pre-Paid Cards to all with a direct payment from 1<sup>st</sup> October 2019. Preparation for the wider rollout has already begun but the exact plan will be agreed once the test phase is complete to ensure all learning from the test phase is included in the wider rollout.
- 4.6 Communications will be via a range of methods, including letters, telephone calls and visits from a Direct Payment Monitoring Officer or Advisor if further support or advice is required. If there is an identified need for a social care review then this will be referred to the reviewing officers who are part of the project team. To ensure this is completed in a timely manner and that there is front-line social work expertise, there are 3 Reviewing Officers involved in the project.
- 4.7 Once the exact approach and timings are confirmed a briefing will be shared with Committee Members to ensure they are aware of the timing and final approach.
- 4.8 The table below summarises the key milestones of delivery;

Commence test phase	27th July 2019
Review test phase outcomes	30th August 2019
Commence roll out	1st Oct 2019

## **5. IMPLICATIONS OF DECISION**

### **5.1 Corporate Priorities and Performance**

- 5.1.□.1 The implementation of Pre-Paid Cards helps support the Council to deliver the Adult and Safeguarding Committee priority ‘Supporting those with disabilities, older, and vulnerable residents to remain independent and have a good quality of life’.
- 5.1.□.2 As it will enable more people to benefit from direct payments, it also is in line with the “principles of choice and control which underpin the Care Act 2014 and the Council’s aim that all adults will be given the opportunity to live well, age well and stay well.
- 5.1.□.3 It supports individuals to have choice and control over how their Direct Payment is used and ensuring they have easy access to the funds they need to provide their own care.

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

- 5.2.□.1 The majority of the work to deliver Pre-Paid cards will be managed within the Customer Finance Team. However, to achieve the £250,000 target and effectively implement Pre-Paid cards there has been recruitment of a Project Manager and 3 additional Direct Payment Monitoring Officers

for a 6-month period. This will be funded through £130,000 worth of transformation reserves.

### **5.3 Social Value**

- 5.3.□.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

### **5.4 Legal and Constitutional References**

- 5.4.□.1 The Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Responsibility for Functions, Appendix A). The Adults and Safeguarding Committee has the following responsibilities:

- To be responsible for those powers duties and functions of the Council in relation to Adult Social Care.
- Promoting the best possible Adult Social Care services.
- To ensure that the Council's safeguarding responsibilities are taken into account.
- To consider for approval any non-statutory plan or strategy within the remit of the Committee that is not reserved to Full Council or Policy and Resource.
- Authorise procurement activity within the remit of the Committee and any acceptance of variations or extensions if within budget in accordance with the responsibilities and thresholds set out in Agreement Procedure Rules.

### **5.5 Risk Management**

- 5.5.□.1 It is anticipated that introducing Pre-Paid cards will reduce the risk of misuse of direct payment funds and enable a swifter response to changing needs or potential financial abuse, reducing risk to individuals. Pre-paid cards will enable the Council to have direct access to individuals accounts to ensure that the money is spent correctly and meeting the needs of the service user.
- 5.5.□.2 There is a robust risk management and governance in place to manage project risks and ensure mitigating actions are taken when required.
- 5.5.□.3 The biggest project risk is lack of service user engagement to ensure a smooth transition to Pre-Paid Cards, reducing the potential for the Council to recoup funds and meet the savings targets as part of the 2019/20 MTFS. This has been mitigated by the recruitment of additional

Direct Payment Monitoring Officers and involvement of Social Care Reviewing Officers in the project group.

## **5.6 Equalities and Diversity**

- 5.6.□.1 A Pre-Paid Card solution will have a positive impact on people with protected characteristics by supporting people with disabilities or age-related frailty to have choice and control over the services and support they need to meet their need. As pre-paid cards simplify the administrative process for the person, it is hoped that they will enable more people with care and support needs to consider taking a direct payment.

## **5.7 Consultation and Engagement**

- 5.7.□.1 The proposal to implement pre-paid cards was consulted as part of the council's budget consultation.
- 5.7.□.2 As part of the test phase there will be workshops with a range of people who use care and support services to ensure effective implementation of Pre-Paid Cards in a way that supports the people of Barnet. The test phase is purposely designed to ensure a range of people can take part, so the council can get a range of feedback and perspectives.

## **5.8 Insight**

- 5.8.□.1 This proposal has used a review of data from Barnet's Adult Social Care Systems and Direct Payment Monitoring Records to develop the proposals and plan the project.

## **6. BACKGROUND PAPERS**

- 6.1 None



## Adults and Safeguarding Committee

Date 5<sup>th</sup> June 2019

<b>Title</b>	An update on the NHS Long Term Plan and Integrated Care Systems
<b>Report of</b>	Cllr Sachin Rajput – Committee Chairman
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
<b>Officer Contact Details</b>	Dawn Wakeling, Executive Director – Adults and Health Dawn.wakeling@barnet.gov.uk

### Summary

The NHS Long Term Plan (LTP) envisages a shift of resources to community services from hospital settings and the integration of services around the needs of populations, with a greater focus on prevention. The LTP sets out organisational change for the NHS through the development of “integrated care systems” (ICS) which are to be based on the same geographical areas as Sustainability and Transformation Partnerships (STP). This report updates the committee on the way in which health services in the North Central London (NCL) STP are responding to the Long Term Plan; how Councils have inputted into these developments so far; and some of the key considerations from this for Barnet Council.

### Officers Recommendations

1. The Adults and Safeguarding Committee is asked to note and comment on the content of the report.

## 1. WHY THIS REPORT IS NEEDED

- 1.1 The NHS Long Term Plan (LTP) sets out new requirements for the NHS, which will impact on how services are designed and delivered across England. The North Central London Sustainability and Transformation Partnership (the STP) has been developing proposals for greater integration of services through across the sub-region and in each borough. This report sets out some of the key requirements within the LTP, how these are being developed within NCL and some key considerations for the Council.
- 1.2 Barnet Council has a history of collaborative working with local health services and a range of integrated services and programmes of work in place. These were previously reported to this committee in September 2018. In addition, the five north London Councils in the STP footprint (Barnet, Camden, Enfield, Haringey and Islington) have developed a collective programme of work to enable a strong local authority voice within the STP. The Council is therefore well placed to explore new partnership arrangements that could deliver better health and wellbeing outcomes for residents.

## 2. THE NHS LONG TERM PLAN

NHS England (NHSE) published the LTP for the future of the health system in January 2019. It sets out plans intended to improve health outcomes for the population by moving away from reactive treatment of disease or individual conditions towards a greater focus on meeting the needs of the whole person and communities, through more preventative and joined up care.

- 2.1 The main resident benefits envisaged in the LTP include:
- Improving health outcomes in areas such as heart disease, stroke and cancer;
  - Significant targets to improve access and quality of mental health services for adults and children (supported by a commitment to increase the rate of funding for the mental health system at a greater level than the overall increase in funding to the NHS);
  - Helping more people to live independently at home for longer and preventing unnecessary hospital admissions (supported by an increase in primary and community care funding and the creation of primary care networks and expanded multi-disciplinary primary and community teams)

Changes will be supported by different services working together in more integrated ways to support holistic care and improved experience of care. A more detailed briefing on the LTP is available from the LGA<sup>1</sup>

- 2.2 To deliver these resident benefits, the LTP set out a 5 year NHS funding settlement with an average 3.4% increase in funding per annum. The NCL STP increase in funding in 2019/20 equates to around £114m. However, the NCL STP is one of the most financially challenged in England with a structural deficit of around £150m. In addition, the LTP only refers to NHS funding and does not address funding for social care or public health, which is critical to deliver the resident benefits set out above. This financial context will

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<sup>1</sup> See <https://www.local.gov.uk/sites/default/files/documents/20190117%20LGA%20briefing%20-%20NHS%20Long%20Term%20Plan%20FINAL.pdf>

make it challenging for local systems to make the investments in prevention, primary and community health and care envisaged in the LTP.

- 2.3 The LTP also set out some significant changes to commissioning, with a requirement that all STPs will become Integrated Care Systems (ICS) by April 2021. Integrated care systems are defined by NHSE as systems where “NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.”<sup>2</sup> In a pure model, they involve an entity, often a partnership vehicle, which holds the entire budget for population health, including primary and community health services; mental health services and acute care. It could also include relevant council budgets such as public health or adult social care. There are various early examples of new ICS arrangements that are summarised in appendix 1.
- 2.4 The expectation is that ICS will enable and promote increased integration of different services, such as primary and community care and mental and physical health as well as health and social care. The benefits of this are expected to be that with “organisations and frontline professionals working together more closely”, “patients [will see] services work in a more joined up way, [will only have] to tell their story once and [will receive] care better tailored to their individual needs”.<sup>3</sup> This will be underpinned by better data and information sharing between services to enable targeting of more proactive, preventative support. NHS Regulators (NHSE and NHS Improvement) will focus more on how providers work collaboratively to improve resident outcomes.
- 2.5 There is also the expectation that health commissioning will become more long term, strategic and that the cost of commissioning will be vastly reduced. The key requirement is that in time there will be one CCG for each STP area, which would mean Barnet CCG merging with the other 4 NCL CCGs. Whilst there is no published timeline, it is understood that NHSE are expecting local systems to move at pace on this requirement. In addition, each CCG is expected to make 20% management savings in 19/20.
- 2.6 The LTP argues for a greater level of integration between the health and social care systems; and sees ICSs as the key mechanism through which the NHS will work with councils at the local level. The LTP does not set out detail about the wider role of local authorities in promoting wellbeing, tackling health inequalities and as a leader of place. The plan does not set out details about how local democratic accountability may play a part in ICSs.

### 3. DEVELOPMENTS IN NCL

- 3.1 Before the Long Term Plan was published, the STP convenor, Helen Pettersen (who is also the accountable officer of the 5 north London CCGs), hosted an NCL workshop on the future of integrated health and care in north London. The purpose of this was to test out some ideas and proposals about Integrated Care Systems.
- 3.2 Following the initial event, 5 further workshops were held (1 in each borough) between January and March, which included Members and senior officers from each council. At

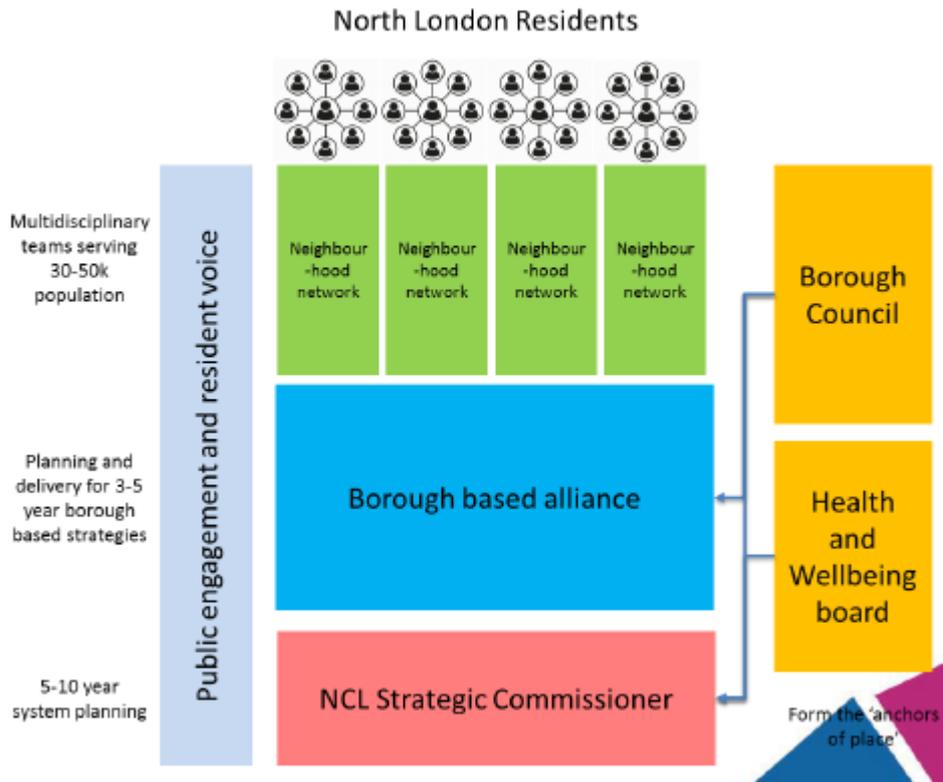
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<sup>2</sup> <https://www.england.nhs.uk/integratedcare/integrated-care-systems/> accessed 22.05.19.

<sup>3</sup> As above

the Barnet event, Cllr Caroline Stock as chair of the Health and Wellbeing Board attended, along with senior officers. HealthWatch and patient representatives also attended. The event demonstrated shared aspirations to improve resident outcomes and the various organisations committed to ongoing meetings to further develop the Barnet response to the LTP requirement.

3.3 Following these workshops, the NCL STP developed a set of draft high-level proposals for how health and care services might be arranged, summarised in the diagram below:



3.4 In this model it is envisaged that providers will work together at a borough level to shape services around the needs of local residents (rather than an STP level). The model links councils and Health and Wellbeing Boards to both borough and strategic level activity. There is also a commitment from the STP that the borough is the dominant level for the planning and delivery of health and care services. Whilst the proposals are currently limited in detail, Helen Pettersen has committed to working with all partners to explore proposals and develop the detail with an intention of developing “shadow arrangements” later this year.

3.5 The STP recently appointed Mike Cooke, former Chief Executive of Camden Council, as the Independent Chair of the STP. This new role has been established to “provide independent leadership of the STP, establish a Partnership Board for North Central London by April 2020, support the implementation of the STP and the development of an Integrated Care System (ICS).”<sup>4</sup>

#### 4. COUNCIL RESPONSE AND IMPLICATIONS

<sup>4</sup> Job advert from <https://www.jobs.nhs.uk/showvac/1/2/915511158> accessed on 22.05.19.

- 4.1 Barnet Council have sought to engage meaningfully with the STP programme and local NHS partners to date. Progress reports on the STP have been presented to the HWB on a regular basis. Specific items have also been scrutinised at the Health Overview and Scrutiny committee in Barnet and at the north London level.
- 4.2 There is no national requirement for councils to be part of ICSs. Different councils have approached local developments differently (see appendix 1). The rest of this report sets out some considerations for councils in relation to the proposed north London model for the committee to comment on.
- 4.3 **Borough based partnership:** It is welcome that there is a commitment to the borough being the meaningful level for the planning and delivery of the majority of services. At this point however neither the level of autonomy this will entail nor the relationship with the “STP strategic commissioner” is clear. A key test for the Council is that we should be able to meaningfully influence the development of local primary and community health services to ensure that they respond to the needs of Barnet’s population. Councils are well placed, with health partners, to agree local priorities for investment and how to integrate services in a way that makes the greatest improvement in health and wellbeing for our residents.
- 4.4 **Enhanced democratic accountability:** A key requirement for councils should be that new ICS arrangements strengthen local democratic accountability, which should be more easily achieved within a strong autonomous borough partnership that responds to priorities set by the Health and Wellbeing Board. At the NCL level, councils are making the case that democratic leadership should sit alongside clinical leadership to guide health and care priorities.
- 4.5 **Strengthened public accountability:** In this model, the STP has committed to increase public engagement. There should be strong engagement at the borough level, building on existing infrastructure and approaches where this works well. Councils are experienced in shaping services with our residents and understanding their priorities and we think health colleagues can learn from our approach.
- 4.6 **Shared commitment to change:** Developing more integrated arrangements will require a significant culture change from all partners. It will necessitate thinking about the total resources for health and care and making bold proposals to deliver more preventative and pro-active services. This will require a high level of trust and an enduring commitment from all key partners to change how services are delivered and to shift the balance of resources.
- 4.7 **Breadth of the partnership:** The model above focuses on health care services. It is important that any new arrangements, if they are to deliver a meaningful change, consider the whole population and are committed to addressing the wider determinants of health, such as employment, housing, community safety and lifestyle factors. It will also be important to ensure that there is a strong voice and role for the voluntary sector and social care providers in shaping service delivery.

## 5. REASONS FOR RECOMMENDATIONS

5.1 The NCL response to the LTP is currently being developed with partners and is evolving. Each CCG has been tasked by the STP convenor to engage with local partners, including councils, to explore how the proposed model could work in the local borough. There is an appetite from NHS partners to explore different arrangements and there are opportunities for improved outcomes for our residents from increasing investment in proactive and preventative health and care services. Continuing to actively engage and shape proposals presents the best opportunity to realise improved outcomes.

## **6. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

6.1 The Council could choose not to engage with this process concerning the arrangements the NHS aims to put in place in the future. This is not recommended as engaging with the process creates an opportunity to articulate the needs of residents and the potential to improve health and wellbeing outcomes.

## **7. POST DECISION IMPLEMENTATION**

7.1 Officers, the committee chairman and the chairman of the health and wellbeing board will continue to engage in the process. Officers will bring back a further report when more detailed proposals are developed.

## **8. IMPLICATIONS OF DECISION**

### **8.1 Corporate Priorities and Performance**

8.1.1 This area of work is clearly aligned to our corporate aim that “our residents live happy, healthy, independent lives with the most vulnerable protected”. The priorities will also support the delivery of the Health and Wellbeing Strategy.

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

8.2.1 Engaging with this process will be delivered within our existing resources. The aim of developing a strong borough based partnership would be to invest in more pro-active and preventative models of care that would support efficient use of social care and health resources.

### **8.3 Social Value**

8.3.1 We are seeking to strengthen our partnership arrangements with health providers in such a way that addresses wider determinants of health, such as employment and housing challenges, and has a strong voice for Barnet voluntary sector and social care providers.

### **8.4 Legal and Constitutional References**

8.4.1 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 and adult social care.
- (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.

## **8.5 Risk Management**

8.5.1 Risks will be managed in relation to Barnet's corporate approach to risk management.

## **8.6 Equalities and Diversity**

8.6.1 In developing proposals we will have regard to 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.

8.6.2 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](http://www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_and_diversity)

## **8.7 Corporate Parenting**

8.7.1 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. In engaging with this process, officers will ensure that the health and care needs of looked after children and young people; and care leavers, are considered by those developing the STP ICS model.

## **8.8 Consultation and Engagement**

8.8.1 As proposals begin to emerge we will ensure these are shaped by resident engagement, through liaison with HealthWatch, the council's Involvement Board, and engagement mechanisms for children and young people.

## **8.9 Insight**

8.9.1 The Council's position is informed by local, sub-regional and regional engagement; our understanding of the health and wellbeing of our communities articulated in the JSNA and our experience of developing effective integrated services with health partners.

## **9. BACKGROUND PAPERS**

9.1 Integrated health and social care to the Adult and Safeguarding Committee on 20 September 2018.

## Appendix 1

Some brief examples of areas that are reported as developing new integrated care system type arrangements:

### **Salford (pop 230,000):**

Acute hospital, community health, mental health and social care incorporated within an integrated care organisation. Core primary care not included, but part of wider integrated system. Initially continuation of block and PBA for organisations, with a plan to move to capitated payments over time. Salford Royal NHS Foundation Trust likely to provide acute, community and social services, and sub-contract for others. Currently working with commissioners and Salford Primary Care Together (GP provider body) to develop accountable care organisation model. Plan for a 5 year contract with option to extend for a further 5 years.

### **Northumberland (322,000):**

Very similar scope to Salford, but with a plan to transfer a whole population budget immediately. Led by Northumbria Foundation Trust and planned 10 year contract.

### **South Somerset (135,000-500,000)**

Seeking to set up a joint venture vehicle between the acute Foundation Trust, General Practice and possibly wider partners with responsibility across acute, community, mental health and some primary care (not core primary care). Intending to explore including social care later. Plan to start with south Somerset and expand to county wide over time.

### **Dudley (318,000)**

Scope is to include core and enhanced primary care, community and mental health, some outpatient and urgent care. Social care not included initially. Build around GP neighbourhoods. Seeking a single company to deliver and sub-contract services under a long-term contract.

### **Wakefield (363,000)**

Scope of integrated budget is non-core primary care; community health, most mental health and some adult social care and public health. No acute services are included; however, the intention is to shift activity from acute to community with a focus on prevention and early intervention. Looking to transfer a whole population budget for 10 years to a new organisation with partners exploring a joint venture.

### **Cornwall**

Cornwall Council is set to take over the functions of Kernow Clinical Commissioning Group as part of the development of an accountable care system.

Local Government Chronicle reports that the system, which is set to begin operating in shadow form from April, will see an "integrated, strategic commissioning function" based in the council, which will commission services from one or more "accountable care partnerships" based around the existing NHS providers. These are Royal Cornwall Hospitals Trust and community and mental health services provider Cornwall Partnership Foundation Trust.

## **Manchester**

Manchester has won new delegated powers as a health system, which has seen each borough developing joint integrated commissioning arrangements in a variety of forms and new provider partnerships, this has included City of Manchester Council and 3 CCGs establishing a new commissioning organisation, and in some areas (such as Oldham, Rochdale, Thameside) the Council CEX becoming the accountable officer of the CCG. The emphasis has been on individual borough level plans being a key building block of the overarching system plan, whilst responding to system wide drivers where required. Integrated commissioning has also enabled a greater focus on wider determinants of health such as employment pathways and integrating wider public sector services with health and care, such as housing and community safety.

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**Adults and Safeguarding Committee** ITEM 10

**5 June 2019**



a	<p><b>Adults and Safeguarding Committee</b> ITEM 10</p> <p><b>5 June 2019</b></p>
<b>Title</b>	<b>Local Shared Lives Scheme</b>
<b>Report of</b>	Chair of the Adults and Safeguarding Committee
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	None
<b>Officer Contact Details</b>	James Mass, Assistant Director <a href="mailto:james.mass@barnet.gov.uk">james.mass@barnet.gov.uk</a>

**Summary**

Shared Lives provides family-based support to adults with care and support needs. Together, they share family and community life. National evidence suggests that Shared Lives schemes provide high quality care and improve the quality of life of people who use care and support services, at a lower cost per placement. Over the last four years, the number of Shared Lives placements in England has grown by 31%.

Barnet has previously made use of the Harrow Shared Lives scheme, and while this has provided valued support for some residents, it has not achieved the scale of Shared Lives placements that the council wished. Recent work with Shared Lives Plus, the UK network for shared living, has shown that there are likely to be significant benefits for residents, as well as financial benefits to setting up a dedicated Shared Lives scheme in Barnet. This report seeks approval to establish a dedicated Barnet scheme. If approved at this Committee, officers will commence mobilising the scheme, with the initial focus on recruiting a scheme manager, registering with Care Quality Commission (CQC) and promoting the scheme in the community to recruit carers.

## Officers Recommendations

1. That the Committee agree to establish a dedicated Barnet Shared Lives scheme.

### 1. WHY THIS REPORT IS NEEDED

#### Context

Shared Lives is a model of care and support that provides family-based support to adults with care and support needs. In Shared Lives, an adult who needs support and accommodation moves in with an approved Shared Lives carer after they have been matched for compatibility. Together, they share family and community life. Shared Lives is used by people with various support needs including learning disabilities, mental ill health and for those with a complexity of support needs. Support may be long-term or used for short breaks or day support. In 2017, 11,600 people in the UK benefited from Shared Lives

- 1.1 Shared Lives carers are paid for the support they provide. They generally receive a weekly, daily, or nightly allowance, depending on the support they provide. They also receive rent and a contribution towards food and household bills for people who live in a long-term arrangement.
- 1.2 Shared Lives in England is regulated by the Care Quality Commission (CQC). Each scheme is registered and inspected by the regulator to ensure the quality of the service being provided. Shared Lives outperforms all other forms of regulated care in England in terms of CQC rating. The Care Quality Commission rates 96% of Shared Lives schemes as good or outstanding, and none as inadequate. 5% of Shared Lives schemes are outstanding, compared to 2% of other kinds of social care.
- 1.3 In the UK, 152 local schemes are operated by councils or a commissioned provider. Each scheme is responsible for recruiting, training and supporting Shared Lives carers from the local community to provide support within their family homes. Shared Lives carers undergo a rigorous assessment process before being approved and then being matched with a person who needs care and support.
- 1.4 Benchmarking of other authorities has shown that the best performing areas in England support 10% of their Learning Disability population via Shared Lives. Use of Shared Lives placements for people with Mental Health needs is less common, but Croydon Council currently arranges care and support for around 7% of this group through Shared Lives. These figures indicate that more Barnet residents could have their care and support needs met through a Shared Lives placement.
- 1.5 Shared Lives in Barnet is currently delivered through a contract with the neighbouring London Borough of Harrow. This arrangement has been in place since 2015 and supports eight individuals. However, this does not reflect the level of ambition of the council or match that of the 'best performing' authorities in terms of take up of Shared Lives placements.

- 1.6 The Adults and Safeguarding Committee Priorities for 2019-2024 include 'Supporting those with disabilities, older, and vulnerable residents to remain independent and have a good quality of life'. It also references the need to '[ensure] that statutory duties are met whilst promoting financial sustainability'.
- 1.7 Increased levels of Shared Lives placements through a new scheme would support both intentions. Officers have therefore worked with Shared Lives Plus, the UK network for shared living, to assess the options for increasing take-up of the scheme and the potential benefits of doing so.

## **2. REASONS FOR RECOMMENDATIONS**

2.1 Shared Lives supports people to live or spend time in a family home embedded in a local community. This approach can have significant benefits for people who use Shared Lives, their family carers and Shared Lives carers.

2.2 The benefits reported by people who use Shared Lives include:

- Living a good life in a place of their choice
- Developing relationships with people who are not paid to be in their life
- Developing links & networks in their community
- Learning new skills and having new experiences

2.3 The benefits for family carers include:

- Reduced stress levels related to their carer role
- Reduced likelihood of carer breakdown
- Building a supportive relationship with the Shared Lives carer family

2.4 The benefits for Shared Lives carers include:

- Having a valued role as a carer in their community
- Make a real difference in someone's life

2.5 The average weekly cost for an individual with a Learning Disability supported in a Shared Lives arrangement is £657 per week, or £34,164 per annum in the South East of England. In Barnet, the average weekly cost for a Supported Living placement for someone with a Learning Disability is £898 per week and the average Residential placement is £1,431. Per annum this equates to £46,682 and £74,412 respectively. Based on these average figures, each new Shared Lives placement generates an annual saving of between £12,518 (if the alternative was supported living) and £40,248 (if the alternative was residential care).

%  
2.6 Shared Lives placements are also cheaper on average than learning disability short breaks provision in Barnet, by £4,452 per person per annum. Shared Lives placements are cheaper on average than learning disability day opportunities provision in Barnet, by £10,654 per person per annum.

2.7 Financial modelling, based on between 6% and 9% of people with learning disabilities living in Shared Lives placements who would otherwise be in residential care or supported living, suggests that a financial benefit of between £300,000 - £550,000 could be achieved.

- 2.8 There are costs associated with setting up and promoting a local scheme, recruiting and supporting carers and matching them with clients. These include staffing, strategic advice and marketing. Modelling suggests that these costs would be approximately £200,000 - £275,000 per year
- 2.9 This equates to net savings to the council of £100,000 - £275,000 per year. Additional savings could also be achieved if take up was increased for clients with mental health needs and young adults who will transition into Adult Social Care but, as this is nationally less well-established, these have not been modelled in detail.
- 2.10 The initial investment of approximately £150,000-£200,000, required to fund the service in the first two years before net savings begin to accrue, will be funded through transformation reserves.

## **Approach**

- 2.11 The proposed approach is to develop a dedicated Barnet Shared Lives scheme. Based on schemes in other authorities, this would require a scheme manager, scheme workers and some administrative support. The number of scheme workers and the level of administrative support would expand in line with the number of placements generated.
- 2.12 The service would:
- Ensure compliance with Care Quality Commission regulations
  - Market and promote the scheme
  - Recruit, assess, train and support people to become Shared Lives Carers
  - Work with existing social care services, service users, family / carers and other stakeholders to generate referrals for the service
  - Match clients with suitable Shared Lives Carers
  - Ensure quality of care and safeguarding standards are met and services continually improve
  - Report on the performance and impact of the service
- 2.13 The service would be a part of the Adults and Health Directorate, but also work closely with the 0-25s Disabilities Service in Families Services, supporting young people with their transition into adulthood.
- 2.14 The options appraisal completed has shown that this is the model most likely to be successful. This is because:
- It is focused on the borough of Barnet, enabling the staff to build local knowledge and is therefore more likely than previous arrangements to recruit local carers who would be a good match for local people with support needs
  - The Council would have full oversight of the scheme and be able to quickly adapt and improve it
  - It will ensure very close working relationships with the Barnet Integrated Learning Disabilities Service and other council services, giving social care practitioners confidence in the scheme and generating more referrals and placements

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

*Continue without a dedicated Shared Lives Scheme*

- 3.1 This would be a missed opportunity given the potential benefits outlined in this report.

*(Re-) Engage with a neighbouring authority to provide Shared Lives Placements*

- 3.2 Previous experience has shown that this is unlikely to generate the scale of placements to meet our ambition. Benchmarking from Shared Lives Plus has also shown that this has been the experience of other authorities who have not developed a dedicated local scheme.

*Commission an external provider for Shared Lives placements in Barnet*

- 3.3 Benchmarking from Shared Lives Plus has shown that some commissioned schemes are successful but that the success of this model is less consistent than schemes which are run as part of operational adult social care services.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 Subject to the approval to proceed with the establishment of a new scheme, recruitment to the position of the Shared Lives Scheme Manager will take place. Once recruited, it will be the responsibility of the manager to register and develop the service. Our ambition is to have the dedicated service running within this financial year, subject to successful recruitment and registration with CQC.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

- Expanding the Shared Lives provision in Barnet is in line with aims of the Corporate Plan and the Adults and Safeguarding Committee priorities and delivery plan. It will increase the range of accommodation and support services in the borough and has been shown to improve quality of life and independence of people with care and support needs. The service supports the ethos of the council's strengths-based model of adult social care, agreed by this committee.
- Whilst some up-front investment will be required to set up the service, modelling shows that the service should be cost neutral in the second year of operation and then deliver significant savings to the authority. This protects the public purse and supports the Council's Medium Term Financial Strategy.

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

- Existing Shared Lives placements (through the LB Harrow scheme) are currently funded through existing care and support placements budgets.
- The investment required to establish the scheme will be funded from the council's

transformation reserve. The business case and financial modelling have been reviewed and agreed by the council's Section 151 officer.

### 5.3 Social Value

- The proposed service would directly secure benefits for adults with care and support needs in the borough and their families. It will provide high quality caring job opportunities for local residents.

### 5.4 Legal and Constitutional References

- 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.

The council's Financial Regulations can be found at:  
<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

### 5.5 Risk Management

- The proposed implementation approach has been deemed the best way to mitigate the risks of insufficient demand for placements or insufficient capacity of carers.

### 5.6 Equalities and Diversity

- The Public Sector Equality Duty at s29 of 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.
- 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.
- In order to assist in meeting the duty the council will:
  - 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
- This is set out in the council's Equalities Policy, which can be found on the website at:  
<https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity>

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

#### **5.7 Corporate Parenting**

- The shared lives scheme will work closely with children's services, especially the 0-25 disability service. Shared lives placements will increase the care and support options available for care leavers with social care needs who have reached the age of 18.

#### **5.8 Consultation and Engagement**

- The establishment of a new Shared Lives service does not require public consultation. However, we will be ensuring that people who use the service, family members and potential clients play a key role in designing the service, recruiting the staff and identifying improvements. In addition, Shared Lives placements are bespoke and arranged through detailed engagement with the person and the Shared Lives carer.

#### **5.9 Insight**

- This proposal uses insight data from our experience of the Harrow Shared Lives service and examples from elsewhere of successful implementation.

### **6. BACKGROUND PAPERS**

- None

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**London Borough of Barnet  
Adults and Safeguarding  
Committee Work Programme-  
June 2019-20**

Contact: Abigail Lewis [abigail.lewis@barnet.gov.uk](mailto:abigail.lewis@barnet.gov.uk) 020 8359 4369

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
5th June 2019			
End of Year Performance Report 2018/19	End of year performance report for 2018/19	Head of Programmes, Performance and Risk Growth and Corporate Services	<b>Non-key</b>
Pre-Paid cards report		Improvement and Policy Manager Adults and Communities	<b>Key</b>
Integrated Care Systems		Assistant Director – Intake and Assessment (Adults and Communities)	<b>Key</b>
Development of new shared lives service in Barnet		Executive Director Adults, Communities and Health	<b>Key</b>
19th September 2019			
Performance Report Q1 2019/20	Regular performance report	Head of Programmes, Performance and Risk Growth and Corporate Services.	<b>Non-key</b>
FAB Framework implementation Update		Assistant Director Greenspaces and Leisure	<b>Non-key</b>

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
Transfer of care homes	Update on the transfer from Fremantle to YCB.	Assistant Director for Adults Joint Commissioning	<b>Key</b>
MASH update		Executive Director Adults, Communities and Health	<b>Key</b>
Safeguarding Board Annual Report	The Committee to receive an update on how the agencies in Barnet whose services impact adults in need of care and support have cooperated to keep the vulnerable safe and promote their wellbeing.	Safeguarding Adults Business Manager Adults and Communities	<b>Key</b>
<b>25th November 2019</b>			
Annual Complaints Report	A report on information contained within the statutory Annual Complaints Report 2018/19.	Assistant Director Communities and Performance (interim) Adults and Health	<b>Key</b>
Performance Report Q2 2019/20	Regular performance report	Head of Programmes, Performance and Risk Growth and Corporate Services	<b>Non-key</b>

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
Business Planning Report	The report will set out the medium term financial strategy proposals for recommendation to Policy and Resources Committee.	Assistant Director Communities and Performance (interim) Adults and Health and Improvement and Policy Manager Adults and Communities	<b>Key</b>
16th March 2020			
Performance Report Q3 2019/20	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.	Executive Director Adults, Communities and Health	<b>Non-key</b>
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.	Executive Director Adults, Communities and Health	<b>Non-key</b>
Q3 2018/19 Adults & Safeguarding Performance Report	A regular performance report.	Executive Director Adults, Communities and Health	<b>Non-key</b>
Item(s) to be allocated			

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
Market Position Statement		Assistant Director for Adults Joint Commissioning	<b>Key</b>

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