

**MEETING**

**ADULTS AND SAFEGUARDING COMMITTEE**

**DATE AND TIME**

**MONDAY 25TH NOVEMBER, 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**

Paul Edwards

Jo Cooper

Saira Don

Golnar Bokaei

Reema Patel

Felix Byers

Stephen Sowerby

Anne Hutton

**Substitute Members**

Councillor Brian Gordon

Councillor Anthony Finn

Councillor Alison Moore

Councillor Claire Farrier

Councillor Daniel Thomas

Councillor Gill Sargeant

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is **Weds 20<sup>th</sup> November at 10AM**. Requests must be submitted to [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk), Tel 020 8359 2315.

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

Governance Service contact: Tracy Scollin, Tel 020 8359 2315

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**ASSURANCE GROUP**

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## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 10
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.	Annual Complaints Report	11 - 34
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10.	Committee Forward Work Programme	65 - 68
11.	Any other items that the Chairman decides are urgent	

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# Decisions of the Adults and Safeguarding Committee

19 September 2019

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)

Councillor Paul Edwards  
Councillor Jo Cooper  
Councillor Reema Patel  
Councillor Stephen Sowerby  
Councillor Anne Hutton  
Councillor Saira Don  
Councillor Felix Byers

Apologies for Absence

Councillor Lisa Rutter  
Councillor Golnar Bokaei

## 1. MINUTES

The Chairman of the Adults and Safeguarding Committee, Councillor Sachin Rajput opened the meeting and welcomed Councillor Stephen Sowerby to the membership of the Committee. He also thanked Councillor Caroline Stock who was replaced by Councillor Sowerby, for all her input and contributions to the work of the Committee.

Members were informed that this meeting was both audio recorded and conducted as a paperlight meeting.

It was **RESOLVED** that the minutes of the previous meeting held on 5<sup>th</sup> June 2019 be agreed as a correct record.

Votes were declared as follows:

For	5*
Against	4
Abstentions	0

\*The Chairman used his casting vote.

## 2. ABSENCE OF MEMBERS

Apologies were received from Councillor Golnar Bokaei and Councillor Lisa Rutter.

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

The following declarations were made during the meeting:

Councillor	Agenda item(s)	Declaration
Anne Hutton	7	Non-pecuniary interest by virtue of being a Trustee of Barnet Carers Centre

Jo Cooper	12	Non-pecuniary interest by virtue of being employed by the Royal Free London NHS Foundation Trust
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#### 4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

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

None.

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

The Committee noted the responses to the submitted Public Questions which were published prior to the meeting.

The Committee also noted the supplementary questions from Ms Waisal and Ms Hudson which were responded to verbally at the meeting.

#### 7. COMMUNITY SUPPORT UPDATE

The Chairman introduced the report which presents the information requested at the June 2019 Committee meeting on implementation of the Medium Term Financial Strategy.

The Chairman stressed that the Council's practice is in line with legislation and national guidance and that no one can be moved from their home without their consent. He highlighted that when individuals are assessed and needs identified, Officers will work to always ensure that those needs are met in compliance with legislation.

The Executive Director for Adults and Health, Dawn Wakeling presented the report and highlighted the benchmarking data on independent living, low residential admissions and positive outcomes for people who access care and support.

Following a query from the Committee about section 2.8 of the report, Officers spoke about the savings target set for this financial year. It was noted that, in common with any saving relating to the costs of care, the deliverability of the saving is dependent on the care and support needs that arise throughout the year.

The Committee requested to receive further information outside of the meeting on:

- the evidence-based model originally developed in Australia, referred under section 2.7 of the report. **(Action)**
- more detail of the costs of different care and support packages in relation to the figures, referenced under section 2.14 **(Action)**

A motion was proposed by Councillor Reema Patel, which was seconded, to read:

*That this report be referred up to Full Council together with a recommendation that the Council reverses the decision to meet the £425K saving.*

Given that the report was for noting and was marked as non-key and non-urgent, Officers advised that in line with the Council's Constitution the report could not be referred up to Full Council. No vote was taken on the motion.

The Chairman referred to the Officers recommendations as set out in the report.

**The Adults and Safeguarding Committee noted the contents of the report.**

## **8. Q1 2019/20 DELIVERY PLAN PERFORMANCE REPORT**

The Chairman introduced the Q1 Performance Report and invited Members to query the content of the report.

In response to a query about any significant projected overspend, Officers noted that risks are reviewed on a quarterly basis and that savings achievement is being monitored monthly with potential risks identified and mitigated as early as possible. Furthermore, it was noted that risks associated with savings proposals will be outlined within reports for consideration by the Committee.

Ms Wakeling briefed the Committee about the challenges and uncertainties facing the adult social care sector on a national and local level as a demand led service.

Following a query from the Committee about the savings variance for Prevention Services in Table 1, section 2.1 Officers noted that work will continue with providers to deliver effective and efficient services, particularly around prevention contracts.

In relation to a query about the overspend for the placements budget, it was noted that this is due to increasing complexity of needs, which in turn creates challenges for service capacity such as for nursing care.

Councillor Patel moved a motion which was seconded to read:

*That the Committee refer this item to the Policy & Resources Committee to review with a recommendation for a reversal of the savings forecast delivery line E6 in Table 3 of the report.*

Votes were declared as follows:

For	4
Against	5*
Abstention	0

\*The Chairman used his casting vote.

The motion was therefore declared lost. The Chairman moved to the Officers Recommendations as set out in the report. It was unanimously **RESOLVED that:**

**The Committee reviewed the performance, budget and risk information for Q1 2019/20 and makes any referrals to Policy and Resources Committee or Financial Performance and Contracts Committee in accordance with the terms of reference of these Committees, as it decides appropriate.**

## 9. FIT AND ACTIVE BARNET (FAB) FRAMEWORK UPDATE

Upon invitation of the Chairman, the Assistant Director for Greenspaces and Leisure Ms Cassie Bridger presented the report to the Committee. Ms Bridger spoke about the outcomes set out within the Fit and Active Framework which is aligned with the Joint Health and Wellbeing Strategy.

The Committee noted that the FAB Partnership Board includes a variety of different internal and external stakeholders to maximise representation.

Following a comment about performance monitoring, Ms Bridger noted the partnership with Middlesex University who will aim to track and evaluate specific programmes throughout the duration of the contract, seeking to improve the health and wellbeing of children and adults in Barnet.

Members of the Committee commended the work delivered towards the opening of the new leisure centres in Barnet as well as the improvements made to leisure facilities. The Committee requested that improvement of current and new signage for health trails (measured walking routes) be reviewed and considered.

Ms Bridger welcomed the comments and noted that signage will be considered across the borough to ensure that information to the end user is improved as much as possible.

It was unanimously **RESOLVED** that:

- 1. That the Adults and Safeguarding Committee noted the progress which has been made in the implementation of the Fit and Active Barnet Framework.**
- 2. That the Adults and Safeguarding Committee noted the future delivery priorities of the Fit and Active Barnet Framework.**

## 10. UPDATE REPORT NEW DELIVERY MODEL FOR CARE HOME AND DAY CARE SERVICES

The Committee noted the report which was introduced by the Chairman. Members were encouraged to ask follow-up queries on particular findings of the CQC inspections relating to specific providers outside of the meeting.

It was unanimously **RESOLVED**:

**That the Committee noted the termination of the council's residential and day care services contract with the Fremantle Trust, with subsequent contract novation to Your Choice Barnet and successful mobilisation of residential and day care service delivery on the 8<sup>th</sup> July 2019.**

## 11. ADULTS MULTI-AGENCY SAFEGUARDING HUB (MASH) UPDATE

The Chairman introduced the Adults MASH Update report which provides an overview of activities delivered and planned.

It was **RESOLVED** that:

**The Committee noted this progress update.**

**12. BARNET MULTI-AGENCY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018-19**

The Chairman invited the Independent Chair of the Safeguarding Adults Board, Fiona Bateman to join the meeting. Ms Bateman presented the report and summarised the key points to the Committee.

The Committee welcomed the report and requested that briefing/training sessions on safeguarding included the Independent Chair of the Safeguarding Adults Board. The committee also asked that where possible case studies were included in training/briefing sessions.

Following a comment from the Committee about substance abuse, Ms Bateman spoke about the ongoing work to minimise harm caused as a result of substance abuse through partnership working.

It was unanimously **RESOLVED**:

- 1. That the Adults and Safeguarding Committee commented as above on the Safeguarding Adults Board Annual Report 2018-19.**
- 2. That the Committee noted that following the Adults and Safeguarding Committee meeting on 19<sup>th</sup> September 2019, the Annual Report will be published on the Council website.**

**13. COMMITTEE FORWARD WORK PROGRAMME**

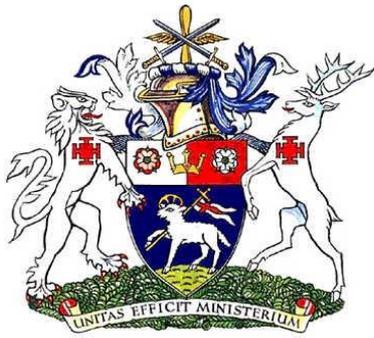
Members noted the standing item on the agenda which lists the business items for consideration at future meetings. The Committee **RESOLVED to note the Forward Work Programme for 2019-2020.**

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

None.

The meeting finished at 9.55 pm

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AGENDA ITEM 7

## Adults and Safeguarding Committee

### November 2019

<b>Title</b>	<b>Adult Social Care Annual Complaints Report – 2018/19</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>	Appendix: Adult Social Care Annual Complaints Report 2018-2019
<b>Officer Contact Details</b>	Appy Reddy, Head of Performance & Improvement, appy.reddy@barnet.gov.uk, 020 8359 3127

## Summary

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

Effective complaints management is an important element in maintaining the Council's reputation. Complaints are a valuable tool in helping to understand resident expectations of the services they receive. As well as providing a meaningful response to all complainants, the outcomes of investigations are used by the council to improve services and resident experience.

## Officers Recommendations

**1. That the Adults and Safeguarding Committee notes the Annual Complaints Report 2018-2019 and approves the report for publication.**

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

1.1 This report is produced in accordance with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (hereby referred to as 'the Regulations'). Under those regulations, Barnet Council is required to report annually to the relevant Council committee on adult social care complaints.

1.2 The Council is required to operate a separate statutory complaints and representations procedure for adult social care under these regulations. Any complaint which does not fall under these requirements is considered under the Council's corporate complaints procedure.

1.3 Learning from complaints is a valuable tool in helping to understand residents' and customers' expectations of service delivery and plays a key part in identifying service improvements in adult social care.

1.4 The report provides information on complaints and compliments for Barnet Council's adult social care services for the period 1 April 2018 to 31 March 2019. The report considers complaints dealt with through both the Statutory Adult Social Care and Corporate Complaints procedures.

1.5 Between 1 April 2018 and 31 March 2019, the following were received from Individuals, carers and/or their representatives:

- 114 compliments
- 83 statutory complaints
- 3 corporate complaints
- 10 Local Government Ombudsman enquiries

1.6 The main themes from the complaints were:

- Decision – disagreement with the outcome of a care assessment; or with the outcome of a financial assessment under the charging policy; or a decision made because of a statutory duty or national policy.
- Conduct – behaviour, communication, or conduct of staff employed by care providers or by the council.

- Quality - relates to the quality of services from care homes, home care agencies or care assessments.

1.7 Of the 83 statutory complaints, 77 resulted in an outcome and 6 were withdrawn:

- 37 (48%) were not upheld
- 25 (32%) were upheld
- 15 (20%) were partially upheld

1.8 Three complaints were dealt with under the council's complaints procedure as they were financial complaints received from companies not related to individuals. All three complaints were upheld.

1.9 Customers expect their interaction with the department to be professional and positive, and in most instances, this is the case. When service is not as expected, customers would want a swift action to be taken to resolve the matters causing concern. Lessons have been learnt from the complaints received in 2018-2019 and appropriately fed back to individuals and teams to ensure opportunities for improvement are realised.

## **2. REASONS FOR RECOMMENDATIONS**

2.1 The publication of this report is a statutory duty.

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

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

## **4. POST DECISION IMPLEMENTATION**

4.1 The Annual Complaints Report 2018-2019 is a public document and will be made available through the Council website and the staff intranet.

4.2 The Annual Complaints Report includes examples of 'lessons learnt'. These are actions for improvement identified as the result of complaints investigations. Implementation of these actions will continue during 2019/20.

## **5. IMPLICATIONS OF DECISION**

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

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

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

5.2.1 The work carried out in responding to comments, compliments and complaints is contained within the current staffing establishment and budget.

## **5.3 Social Value**

5.3.1 This paper does not relate to a procurement exercise.

## **5.4 Legal and Constitutional References**

5.4.1 The Annual Complaints Report 2018-2019 complies with the statutory requirement to produce an annual report of Adult Social Care complaints in accordance with the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009, and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009 (the Regulations).

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

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

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

## **5.5 Risk Management**

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

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

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

## **5.6 Equalities and Diversity**

5.6.1 The Complaints Report supports the Council's duty under the Equality Act 2010, under which the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regards to eliminating discrimination.

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

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

## **5.7 Corporate Parenting**

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

## **5.8 Consultation and Engagement**

5.8.1 Learning from complaints can assist the Council in identifying changes to services, local policy and procedure. Any changes will be subject to appropriate consultation with relevant groups.

## **5.9 Insight**

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

## **6. BACKGROUND PAPERS**

6.1 None.

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# **Barnet Council**

# **Adult Social Care**

## **Annual Complaints Report**

**2018-2019**

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## **1. Introduction**

Barnet Council's adult social care service, part of the Adults and Health directorate, provides statutory social care services including: individual care and support; safeguarding; information and advice; preventative services; assessments under the Mental Health Act (MHA 1983, amended 2007) and the Mental Capacity Act (MCA 2005). Social Care Direct acts as the front door for new adult social care enquiries and is operated by the council's Customer Support Group (CSG).

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

Barnet Council is required, under statutory regulations, to report annually to the relevant Council Committee on adult social care complaints.

This report provides information about complaints for Barnet's Adult Social Care Service for the period 1 April 2018 to 31 March 2019. The report considers complaints dealt with through both the Statutory Adult Social Care and Corporate Complaints Procedures where these relate to Adult Social Care.

## **2. Adult Social Care Statutory Complaints Procedure**

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

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

## **3. Accessing the complaints procedure**

The service continually seeks to encourage people who use social care, and their carers, to provide feedback (positive or negative) on the services and customer care that they have received.

The process is publicised through the following means:

- The Comments, Compliments and Complaints booklets are widely distributed to public offices in the Borough.
- The Easy Read version of the booklet 'Comments, Compliments and Complaints' is also widely distributed. This is aimed at people with Learning Disabilities and others who would find a simplified version easier to understand.
- Information about making a comment, compliment or complaint in relation to Adult Social Care is published on the council website at [www.barnet.gov.uk/comments-and-complaints-](http://www.barnet.gov.uk/comments-and-complaints-)

### [adult-social-care](#)

- Managers are asked to feature compliments and complaints as a standing item in their team meetings and briefing sessions.
- Compliments are shared with staff and promoted internally through the staff newsletter, senior manager briefings and staff awards.
- Information about complaints and the learning from them is shared with the Management Team and with staff, to improve practice.

The council has commissioned Barnet Citizens' Advice Bureau as the local lead provider for specialist information, advice and advocacy support. This ensures that the Council has a dedicated support service in place for people who require access to independent information, advice and advocacy. Staff are trained in accordance with the Care Act 2014 and staff understand their statutory duties in relation to advocacy.

#### **4. Overview**

The following complaints and compliments were received into Adult Social Care from individuals, carers and/or their representatives:

- 114 compliments
- 83 statutory complaints
- 3 corporate complaints
- 10 Local Government Ombudsman enquiries

Of the 83 statutory complaints, 77 resulted in an outcome, 6 were withdrawn.

- 37 (48%) were not upheld
- 25 (32%) were upheld
- 15 (20%) were partially upheld

The main themes of the complaints were:

- Decision – disagreement with the outcome of a care assessment; or with the outcome of a financial assessment under the charging policy; or a decision made as a result of a statutory duty or national policy.
- Conduct – behaviour, communication or conduct of staff employed by care providers or by the council.
- Quality - relates to the quality of service from care homes, home care agencies or care assessments.

Common improvement themes were:

- Staff –addressing issues relating to the communication from, behaviour or conduct of a member of staff
- Care Providers – working with a provider to improve working practices, policies and contract compliance
- Procedures – updates and amendments to, or staff reiteration of, procedures

### 5. Compliments

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

114 written compliments were received in 2018/19. The table below provides an overview of compliments by service area:

<i>Service Area</i>	2016-2017	2017-2018	2018-19
Localities (Older People & Physical Disabilities)	15	11	29
Integrated Care Learning Disabilities	9	13	23
Integrated Care Quality	16	7	13
Assessment & Prevention	8	12	23
Hospitals & Health	-	-	9
Other Teams: Business Support, Complaints & Information, Social Care Direct	17	16	17
	75	59	114

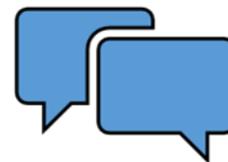
In addition, the Network (the council’s mental health enablement service) received 42 compliments received via customer feedback questionnaires relating to The Network’s impact on the client’s life and recovery. 89 Enablement Group questionnaires were received complimenting the service’s helpfulness, relevance to their needs and the effectiveness of staff.

Many individuals who compliment staff and teams provide verbal feedback fact to face or by phone; it has not been possible to reflect these in the above figures.

The number of compliments received in 2018/19 are the highest figures recorded over the last three years.

The compliments received were varied and ranged from individual messages of gratitude to specific members of staff and thank you cards to whole teams for their work.

## Examples of compliments received in 2018-2019



*“XXX is a credit to your organization. Her superior client service skills ensured a very pleasant and painless experience. She is very knowledgeable about the law and other requirements for administering an intestate estate, which enabled her to handle all my queries and requests in a timely and professional manner”*

*“XXX was punctual, very pleasant and extremely professional. Her polite and smiling manner put my mum at ease from the outset. We found her to be kind and patient, and are very grateful that this lady was assigned to our case.”*

*“I could not wish for a better service and help from everybody that has come to look after me. Please thank all in the dept. Support has been so good I will always be grateful for the help.”*

*“I am writing to praise the service recently provided by XXX and his colleagues in Occupational Therapy to our family in respect of my mother XXX. From my very first meeting with XXX and throughout our dealings over the last few weeks, I have been so impressed with the proactive response we have received together with the speed and efficiency of the whole department in assessing my mother’s needs and responding to those needs with urgency and great care and compassion. Absolutely wonderful service and we are extremely grateful to them all.”*

*“XXX simply has a great deal of patience & positive spirit. She has a caring approach and she is a true professional. We would especially like to commend XXX for her professionalism and superlative skills.”*

*“XXX has really helped introduce us to the adult care system and allowed my father to accept help through her reassurance and patience. Thank you”*

*“Thanks, XXX for giving me positivity in my life!”*

### **Benchmarking data**

The following benchmarking data compares the number of statutory compliments received against a selection of our nearest statistical neighbours<sup>1</sup>:

Compliments received (Adults Social Care)	2017-2018	Per 100k population: <sup>2</sup>
Barnet	59	19.91
Bexley	65	34.30
Brent	14	5.57

<sup>1</sup> Based on members of the group of nearest statistical neighbours identified by CIPFA

<sup>2</sup> Population data based on the 18+ population according to ONS mid-year estimates for 2017.

## 6. Complaints

### 6.1 Overview of performance

From 1 April 2018 to 31 March 2019, Adult Social Care received a total of 86 complaints of which 83 were statutory complaints and three were corporate complaints.

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

### 6.2 Complaints received by category

The 83 statutory complaints were dealt with under the Statutory Social Care Complaints Procedure.

Three complaints were dealt with under the council's complaints procedure as they were financial complaints received from companies not related to individuals. All three complaints were upheld.

Of the 83 Statutory Complaints received:

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

Category	2017-2018	%	2018-2019	%
Statutory Straightforward (Low/Moderate risk)	67	80%	71	83%
Statutory Serious and/or Complex (High risk)	6	7%	6	7%
Withdrawn	10	12%	6	7%
Corporate	1	1%	3	3%
<b>Total complaints</b>	<b>84</b>	<b>100%</b>	<b>86</b>	<b>100%</b>

### 6.3 Statutory Complaint outcomes

Of the 77 complaints with an outcome:

- 37 were not upheld
- 15 were partially upheld
- 25 were upheld

## 6.4 Statutory Complaints by Service Area

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

Service Area	Statutory Complaints (2017-18)	Statutory Complaints (2018-19)	DOT	No. of cases upheld (2017-18)	No. of cases upheld (2018-19)	No. of cases partially upheld (2017-18)	No. of cases partially upheld (2018-19)
Localities (Older People & Physical Disabilities)	26	17	◀	7 (27%)	0 (0%)	7 (27%)	4 (24%)
Assessment & Prevention	5	11	▶	1 (20%)	5 (45%)	0 (0%)	2 (18%)
Review Team	7	3	◀	2 (29%)	0 (0%)	3 (43%)	2 (67%)
Integrated Learning Disabilities	10	12	▶	5 (50%)	5 (42%)	3 (30%)	4 (33%)
Mental Health	5	4	◀	2 (40%)	0 (0%)	2 (40%)	0 (0%)
Customer Financial Affairs	6	8	▶	0 (0%)	3 (38%)	2 (33%)	0 (0%)
Integrated Care Quality	6	18	▶	5 (83%)	10 (56%)	1 (17%)	1 (6%)
Hospitals & Health Partnerships	7	4	◀	4 (57%)	2 (50%)	1 (14%)	2 (50%)
Safeguarding	1	0	◀	0 (0%)	-	1 (100%)	-
<b>Total</b>	<b>73</b>	<b>77</b>	▶	26 (36%)	25 (32%)	20 (27%)	15 (19%)

There has been a slight increase in the number of statutory complaints received however, there continues to be a positive trend that following investigation, complaint outcomes were not upheld. In summary:

The Localities Team has seen a reduction in complaints received this year compared to the previous year.

There has been an increase in the number of complaints received by the Assessment and Prevention service this year compared to last year. The complaints received relate to disagreements with assessment outcomes, waiting times, or policy. There has also been a slight increase to the number of complaints received by the Integrated Learning Disability team relating to assessment disagreements.

The number of complaints received by the Review Team has halved from 2017/18; complaints in this area relate to delays, assessment disagreements, communication issues & quality of service.

Overall there has been a reduction in complaints that fall under the following classifications; disagreements with assessment outcomes, staff conduct, attitude and communication.

Hospitals and Health received the lowest number of complaints that they have received in the last three years, however decided to uphold/partially uphold all four complaints. Two related to the hospital discharge process and two cases related to lack of communication regarding funding.

13 of the complaints received into the Integrated Care Quality service regarded the quality of service received from care providers and care homes, these are passed to providers for initial investigation. If the outcome of their investigation is not satisfactory to the complainant or to the Care Quality Service, Adults Social Care may take further action. Complaints in this area relate to the quality of service, communication, attitude of staff and delays in responding to enquiries

The Service’s proactive approach to ensure that we learn from all upheld or partially upheld complaints improves not only our procedures and operations, but the services delivered from all providers.

## 6.5 Complaints by category

The table below identifies complaints by subject and the investigation outcome

	Category	Upheld	Partially upheld	Not upheld	Total
Decision	Care Assessment - Assessment disagreement (including unhappy with decision)	3	3	9	15
	Finance - Assessment disagreement (including unhappy with decision)	2	1	3	6
	Care Home - Policy	0	1	2	3
	Care Assessment - Policy	0	1	1	2
	<b>Total</b>	<b>5</b>	<b>6</b>	<b>15</b>	<b>26</b>
Conduct	Care Assessment - Conduct of council employed staff (attitude/behaviour)	0	3	6	9
	Care Agency - Conduct of staff (attitude/behaviour)	1	0	5	6
	Care Home - Conduct of staff (attitude/behaviour)	0	0	1	1
	Staff Conduct behaviour – General	1	0	3	4
	<b>Total</b>	<b>2</b>	<b>3</b>	<b>15</b>	<b>20</b>
Quality	Care Agency - Quality of service	2	0	1	3
	Care Assessment - Quality of service	1	1	0	2
	Care Home - Quality of service	3	0	1	4
	<b>Total</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>9</b>
Timeliness and Delays	Care Assessment - Assessment delay (including delay in making a decision)	3	1	0	4
	Financial assessment/charging – Timeliness	1	0	0	1
	Care Agency - Timeliness	1	0	0	1
	<b>Total</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>6</b>

Communication	Care Assessment - Lack of communication	0	1	0	1
	Finance - Lack of communication	2	0	0	2
	Care Agency – Lack of communication	1	0	0	1
	Hospitals – Lack of Communication	1	1	0	2
	<b>Total</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>6</b>
Other	Care Assessment - Equipment provision/ Installation	0	0	1	1
	Care Assessment -Assessment request (process)	1	0	1	2
	Hospitals – Discharge Process	1	1	0	2
	Other	1	1	3	5
	<b>Total</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>7</b>

### ***Decisions***

The largest number of complaints received were due to dissatisfaction with a decision reached by the Council, for example: the outcome of a care or financial assessment; disagreement in relation to a financial/charging decision; or policy decisions. 58% of these complaints were not upheld as the complaint results from a statutory duty in relation to financial charging or national care legislation, regulations or policy, where the council cannot influence the outcome.

Where complainants are unhappy with the outcome of an assessment, the council can offer a reassessment or take into consideration changes of circumstances where relevant; these types of changes contribute to a number of the partially upheld complaints.

### ***Conduct & Quality***

These complaints are in regard to services provided directly from Barnet or relate to the quality or conduct of staff employed by providers. Quality issues within Barnet's own services are addressed through the Learning from Complaints procedure and through line management. Any resulting changes to policy or procedure are monitored by senior management. Quality issues with provider services are addressed through contract management procedures and the lessons learned are fed into the work of the Integrated Care Quality team to shape the work it does with providers to improve quality of provision across the social care market.

### ***Delays & Timeliness***

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

The Council always seeks to avoid delays in assessing or reviewing clients but as social care is a demand led service this is not always possible. Adult Social Care targets

resources to ensure the most urgent cases and people with the highest levels of need are prioritised. However, any delay may understandably still be dissatisfying for members of the public whose assessments have not been prioritised.

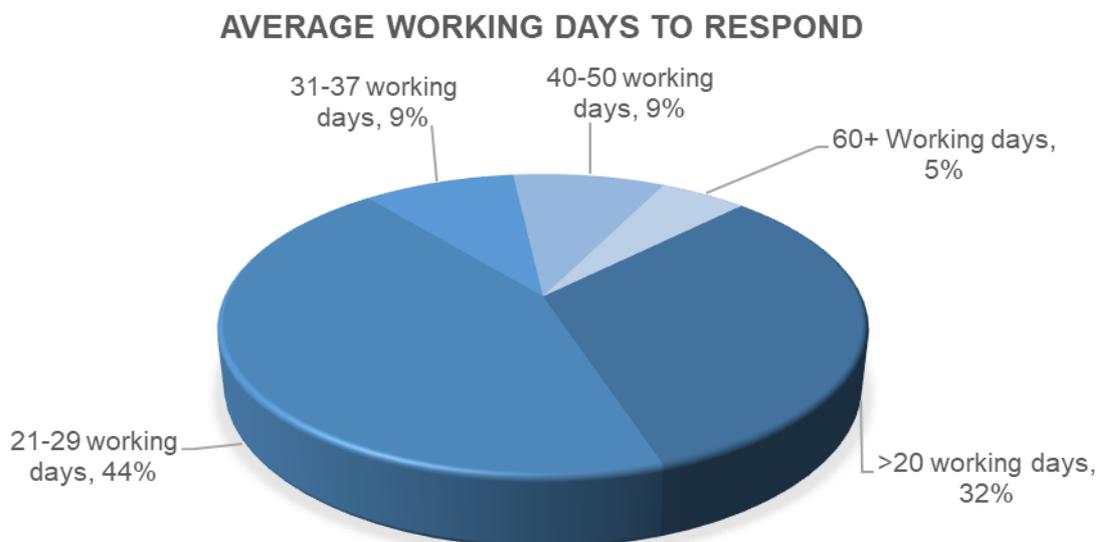
### **Communication**

All complaints received due to lack of communication have been upheld or partially upheld. Many of the complaints stemmed from communication issues caused by the hand-over of cases from staff who have left the organisation to a new worker; or from handover required for sickness absence. As a result of this causal issue being identified, the service has implemented a new procedure for handing over in the case of an absent worker with a specific leavers handover checklist.

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

It is important to note that the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 Statutory Complaints guidance allows six months (commencing on the day on which the complaint was received, or such longer period allowed if agreed by all concerned) for the resolution of Social Care statutory complaints.

Adult Social Care are committed to help resolve as many complaints as speedily and efficiently as possible and have set challenging internal targets of 20 working days for straightforward complaints and 25 days for more serious or complex cases.



75% of the complaints responded to outside our internal timescales are complaints requiring joint investigations with either providers or areas providing an Integrated Care Service. These continue to be our more challenging cases to investigate alongside more complex cases where the depth of the investigation and the time needed to investigate are proportionate to the seriousness of the complaint.

The complaints process is intended to be resolution focused and offer complainants the option of discussing their concerns in face-to-face meetings, family meetings and mediation where appropriate. Complainants are informed of anticipated delays and advised of revised deadlines. Investigating managers maintain communication with

complainants (with their agreement), informing them of progress throughout the life of their complaint and offering support and guidance prior to formal complaint resolution.

Complaints about providers being received through the complaints process, must be either signposted to the provider’s internal complaints process or managed through our complaints procedures on behalf of the complainant. We do ask partner organisations to work within our timeframes. However, providers do not always comply.

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

### Adult Social Care Statutory Complaints – Benchmarking

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

Borough	2017-18 Statutory complaints received	Per 100k population:
Barnet	83	28.01
Bexley	49	25.85
Brent	101	40.15
Bromley	183	71.67
Ealing	97	37.19

## 7. Learning from Complaints

Learning from the complaints provides an opportunity to gain wider learning, to ensure opportunities for improvement are realised and that issues can be prevented, where possible, before they occur.

Upheld and partially upheld complaints are presented regularly for discussion and challenge at a senior operational board tasked with improving the quality of social care practice.

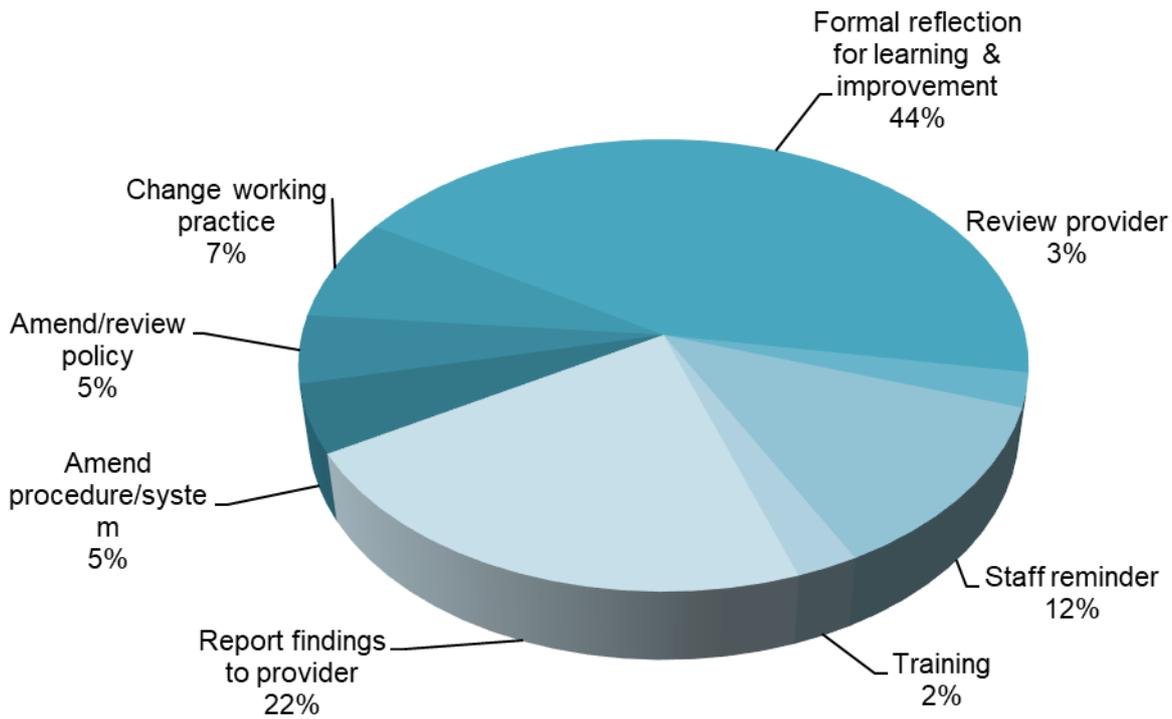
In some cases, outcomes to complaints are case specific and there are no general learning points that would influence policy or procedure. Individual issues and staff/team specific learning is addressed through training, reflection, supervision and team meetings.

The table below categorises the learning themes and the percentage of all lessons learnt which fell into that category. The table also identifies the types of actions Adults Social Care’s management team takes to try and mitigate any further complaints.

Theme	% of lessons identified	Action
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<p><b>People</b></p> <p>Issues relating to the behaviour or conduct of a member of staff</p>	53%	<ul style="list-style-type: none"> <li>• Formal reflection</li> <li>• Training</li> <li>• Staff reminder</li> </ul>
<p><b>Policy</b></p> <p>Review or amendment of a formal policy to reflect the need for change</p>	5%	<ul style="list-style-type: none"> <li>• Reflect</li> <li>• Audit</li> <li>• Amend policy</li> </ul>
<p><b>Systems</b></p> <p>Preventative updates /amendments to system/s, staff training on systems or applications</p>	7%	<ul style="list-style-type: none"> <li>• Amend system</li> <li>• Change working practice</li> </ul>
<p><b>Procedure</b></p> <p>Changes to current procedures and working practice as a preventative measure</p>	9%	<ul style="list-style-type: none"> <li>• Change working practice</li> <li>• Amend procedure</li> <li>• Cultural change</li> </ul>
<p><b>Provider</b></p> <p>Work with a provider to review working practices, policies and contract compliance</p>	26%	<ul style="list-style-type: none"> <li>• Report finding to provider</li> <li>• Review contract</li> <li>• Suspend provider</li> </ul>

## Actions resulting from Learning from complaints



Examples of some of the learning from our complaint investigations:

Lesson Identified	Outcome
The individual did not feel she was listened to during an assessment and provision of equipment process.	During team meetings we discussed and explored how to ensure the voice of the adult is heard and is evident in recording.
The complaint identified that the provider required additional support in monitoring the quality of service provision.	The care quality team has offered to support to the provider in best practice; working in partnership to ensure a better service for carers and individuals.
Customer finance issue identified updates required to Mosaic regarding S117 funding	Mosaic system changed to provide clear audit of funding arrangements

**8. Local Government & Social Care Ombudsman**

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

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

**8.1 Complaints and enquiries dealt with by the LGSCO 2018-2019**

The table below shows the total number of new LGSCO enquiries received by Adult Social Care for the period 1 April 2018 to 31 March 2019 and provides a comparison to previous years:

	2015-2016	2016-2017	2017-2018	2018-19
Enquiries/Complaints	19	22	18	20

20 enquiries were received:

- Ten premature enquiries were signposted back for local resolution.
- Four complaints were upheld.
- Six complaints were not upheld.

In 100% of cases the Ombudsman were satisfied that Adult Social Care had successfully implemented their recommendations.

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

**8.2 LGSCO Benchmarking**

Borough	Enquiries/Complaints 2017-18	Per 100k population:
Barnet	18	6.07
Bexley	10	5.28
Brent	20	7.95
Bromley	27	10.57
Ealing	23	8.82

## **9. Responding to complaints and concerns about quality relating to external service providers**

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

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

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

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

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

### ***Monitoring Care Quality***

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

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

The table below provides a breakdown of concerns about quality that were passed to providers to investigate and those that were managed within Adult Social Care in the past three years:

	2016 – 2017	2017-2018	2018-19
Complaints and quality alerts	123	94	85
Complaints managed within Adults Social Care	7	3	15
<b>Total</b>	<b>130</b>	<b>97</b>	<b>100</b>

The number of complaints and quality alerts managed through the Care Quality Team has reduced from 94 in 2017/18 to 85 in 2018/19.

Issues about non-delivery of service and quality of service and staff provided by homecare agencies accounted for the majority of both complaints and quality alerts managed by providers, and complaints about providers managed by Adult Social Care, in 2018-19.

### ***Improving Care Quality***

The Care Quality Service has four teams, each working with specific services:

- Integrated Quality in Care Homes
- Community Services
- Prevention and Wellbeing and Brokerage service

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

The Care Homes and Supported Living Team is also responsible for undertaking reviews of all older adults and people with physical disabilities placed in care homes by Barnet. This enables the service to be more responsive to quality concerns picked up as part of a review, and, where the team has identified concerns through contract monitoring, to act swiftly to ensure people are safe.

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

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

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

An example of the positive impact of this level of engagement is that currently all contracted homecare providers in Barnet have a CQC inspection rating of 'Good' or above. Only one provider in the Borough of Barnet is rated as inadequate

The Service is committed to providing and commissioning high quality services and continuously explores opportunities to develop training and staff development initiatives aimed at supporting vulnerable adults the right way and at the right time whilst making a difference to their lives.

	<p style="text-align: center;"><b>Adults and Safeguarding Committee</b></p> <p style="text-align: center;"><b>25 November 2019</b></p>
<p><b>Title</b></p>	<p style="text-align: center;"><b>Quarter 2 (Q2) 2019/20 Delivery Plan Performance Report</b></p>
<p><b>Report of</b></p>	<p>Councillor Sachin Rajput – Committee Chairman</p>
<p><b>Wards</b></p>	<p>All</p>
<p><b>Status</b></p>	<p>Public</p>
<p><b>Urgent</b></p>	<p>No</p>
<p><b>Key</b></p>	<p>No</p>
<p><b>Enclosures</b></p>	<p>None</p>
<p><b>Officer Contact Details</b></p>	<p>Altin Bozhani, Finance Business Partner for Adults, Public Health and Leisure  <a href="mailto:altin.bozhani@barnet.gov.uk">altin.bozhani@barnet.gov.uk</a></p> <p>Alaine Clarke, Head of Programmes, Performance and Risk  <a href="mailto:alaine.clarke@barnet.gov.uk">alaine.clarke@barnet.gov.uk</a></p>

### Summary

This report provides a thematic overview of performance for Q2 2019/20 focusing on the activities to deliver both the corporate and committee priorities in the Adults & Safeguarding Committee Annual Delivery Plan. The report also provides the budget forecast for the committee.

### Officer Recommendations

- The Committee is asked to review the performance, budget and risk information for Q2 2019/20 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, as it decides appropriate.**

## 1. INTRODUCTION

- 1.1 The Adults and Safeguarding (A&S) Committee has responsibility for all matters relating to vulnerable adults, adult social care (ASC) and leisure services; and works with partners on the Health and Wellbeing Board (HWBB) to ensure that social care interventions are effectively and seamlessly joined up with Public Health and healthcare.
- 1.2 This report provides a **thematic overview of performance** for **Q2 2019/20** focusing on the budget forecast and activities to deliver the **priorities** in the **A&S Committee Annual Delivery Plan**, which can be found online at:  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=9475&Ver=4>

## 2. BUDGET FORECASTS

- 2.1 The **Revenue Forecast** (after reserve movements) for the A&S Committee's service areas of ASC and leisure was **£101.160m** (see table 1).

**Table 1: Revenue Forecast (Q2 2019/20)**

Service	Revised Budget	Q2 19/20 Forecast	Variance from Revised Budget Adv/(fav) <sup>1</sup>	Reserve Move-ments	Q2 19/20 Forecast after Reserve Move-ments	Variance after Reserve Move-ments Adv/(fav)
	£000	£000	£000	£000	£000	£000
Integrated Care - LD	30,629	27,769	(2,860)	0	27,769	(2,860)
Integrated care - MH	8,698	9,165	467	0	9,165	467
Integrated Care - OA	30,616	34,616	4,000	0	34,616	4,000
Integrated Care - PD	9,049	9,081	32	0	9,081	32
Prevention Services	3,771	3,751	(20)	0	3,751	(20)
Workforce	14,902	15,522	620	0	15,522	620
Leisure, Sports and Physical Activity	521	1,257	736	0	1,257	736
<b>Total</b>	<b>98,185</b>	<b>101,160</b>	<b>2,976</b>	<b>0</b>	<b>101,160</b>	<b>2,976</b>

- 2.2 Barnet ASC is a low-cost service that achieves outcomes better than or equal to comparator local authorities. This is evidenced by ASC-FR national benchmarking data that shows:

- Barnet's level of admissions to care homes per 100,000 people both for working-age (6.2) and older adults (261.6) was much lower than the London (9.6 and 406.2) and England (14.0 and 585.6) averages. This was the 4<sup>th</sup> lowest level of admissions in England (older adults)<sup>2</sup>.

<sup>1</sup> Adv/fav refers to an adverse or favourable position. An adverse position would be a budget overspend. An adverse variance would mean the position has got worse since the last reported period.

<sup>2</sup> Source: SALT (Short and Long-Term Support), NHS Digital., LGA Inform ASC benchmarking tool

- On 2017/18 data, Barnet spent £344 per head of adult population in the borough. This was the 126<sup>th</sup> lowest in the country (out of 152 local authorities). The London average was £386 per head and the England average was £410<sup>3</sup>.
- Barnet spent an average of £26.6k on long-term support per client aged 18-64 (compared to the England average of £24.1k) and an average of £9.7k per client aged 65+ (compared to the England average of £13.3k)<sup>4</sup>

2.3 The service has achieved £27.5m of savings over the last four years.

2.4 The placements budget has forecast an overspend of £1.639m, which is the net variance of overspends in older adults (£4m), mental health (£0.467m) and physical disabilities (£0.032m) offset by underspend in learning disabilities (£2.860m). The overspends are caused by increased pressures in care and support costs. As the complexity of need increases, individuals need more intensive support for longer and there are some market challenges – particularly sufficient capacity for nursing care. The underspend in learning disabilities (£2.860m) is due to use of Ordinary Residence provision of £2.455m and client income.

2.5 In Q2, the non-placements budgets overspent by £0.600m, which is the net effect of £0.620m overspend on staffing budget, offset by £0.020m underspend on equipment and adaptations; and management recovery plans to reduce budget pressures. The staffing budget forecast includes holding c.39 FTE posts vacant.

2.6 Due to these pressures described above, the service has developed a recovery plan in addition to its planned 2019/20 Medium Term Financial Savings (MTFS). The recovery plan is forecasting to deliver in-year savings of £1.277m. As a result, the total social care forecast overspend has been reduced to £2.239k.

2.7 Leisure, Sports and Physical Activity budget is forecasting to overspend by £0.736m, caused by revenue income loss due to the closure of the swimming pools at Finchley Lido Leisure Centre.

2.8 There are several significant debtors 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.

2.9 The **Capital Forecast** for areas within A&S Committee's remit was **£14.971m**.

**Table 2: Capital Forecast (Q2 2019/20)**

Service	19/20 Revised Budget	Additions/ (Deletions)	(Slippage)/ Accelerated Spend	Q2 19/20 Forecast	Forecast variance from Approved Budget
	£0	£0	£0	£0	£0
Investing in IT	2,180	0	(-128)	2,052	0
Sports and Physical Activities	12,791	0	(-642)	12,149	0
<b>Total</b>	<b>14,971</b>	<b>0</b>	<b>(-770)</b>	<b>14,201</b>	<b>0</b>

<sup>3</sup> Source: ASC-FR report, CIPFA.

<sup>4</sup> Source: ASC-FR report, CIPFA.

2.10 Slippage in Investing in IT was caused by the programme of work extending into early 2020/21 financial year.

2.11 Slippage in Sports and Physical Activities related to full completion of the programme, which included construction of two leisure facilities and a demolition programme that is due for completion in 2020. Final payment, including retention payments, will be made to providers on scheme completion.

### 3. SAVINGS

3.1 The total amount of MTFs **savings** identified for A&S Committee in 2019/20 is **£6.081m**. These are shown in table 3. At Q2, **£5.504m** of savings were forecast to be achieved, leaving a budget pressure £0.577m.

3.2 The following table shows the three projects with a reduced forecast and the reasons for this. Savings achievement is being monitored monthly and potential risks identified and mitigated early. These savings are separate to the recovery actions forecast to deliver an additional £1.277m. Combined, MTFs and Recovery Action savings are forecast at **£6.781m**.

**Table 3: Savings forecast delivery (Q2 2019/20)**

Ref	Description of Savings	Savings for 19/20	Q2 19/20 Forecast	Comment
E2	Staffing reductions	-682	-682	Achieved
E3	Transformation of Your Choice Barnet	-227	-131	£96k of savings from reduction in LD client care and support costs are at risk.
E4	Rescoping and targeting of prevention contracts	-370	-213	£157k at risk – delivery is dependent on conclusion of contract negotiations with providers.
E6	Meeting eligible needs in more cost-effective settings	-424	-100	Achievement is being monitored monthly, savings adjusted based on information provided in <b>para 3.3–3.5</b>
E7	Reduction of printing	-25	-25	Achieved
I1	BCF	-647	-647	Achieved
I2	iBCF	-1,391	-1,391	Achieved
I3	Maintaining affordable levels of inflation on existing care packages	-1,000	-1,000	Achieved
I4	Prepaid card solution	-250	-250	Achievement is being monitored monthly
I5	Reduction of bad debt	-100	-100	Achievement is being monitored monthly
R1	Increasing the independence of OA / PD	-192	-192	Achievement is being monitored monthly
R5	Assistive Technology	-300	-300	Achievement is being monitored monthly

Ref	Description of Savings	Savings for 19/20	Q2 19/20 Forecast	Comment
R8	Support for working age adults	-285	-285	Achievement is being monitored monthly
R9	Mental Health service user independence	-188	-188	Achievement is being monitored monthly
Total savings		-6,081	-5,504	

**Ref E6 - Meeting eligible needs in more cost-effective settings (see table 3)**

- 3.3 In the six months of 1 April to 30 September 2019, 28 people have been supported with community based care and support plans with a cost higher than residential care, ranging from £618 to £2,752 per week, with an average of £968 per week. This matches the rate of high cost community support plans commissioned last year when the six-monthly average was 29 people placed in high cost community packages.
- 3.4 In the six months of 1 April to 30 September 2019, 13 adults aged 18-64 and 129 adults aged 65 and over have moved permanently into a residential or nursing setting. The six-monthly average for 2018/19 was 12 adults aged 18-64 and 94 adults aged 65 and over.
- 3.5 The numbers of people supported in the community at high cost at Q2 suggest that this saving is unlikely to be fully achieved. As the method for calculating this saving is to compare the care and support costs at year end for this group of people, it remains possible that some savings may be achieved by year end. If any part of the saving is not achieved, alternative savings will need to be found from the adult social care budget

## 4. PRIORITIES

4.1 This section provides an update on the Committee's priorities as follows:

- A summary of progress on Actions<sup>5</sup> to deliver the priority
- Performance of Key Performance Indicators (KPIs)<sup>6</sup>
- Risks to delivering the Actions and priority
- High (15 to 25) level risks from the Corporate Risk Register<sup>7</sup>

4.2 The Q2 status for each of the Committee's priorities is shown in table 4. This reflects the *overall performance on Actions, KPIs and Risks*<sup>8</sup> for each priority.

**Table 4: Priorities for A&S Committee**

Section	Priority	Q2 Status
5.	Integrating health and social care and providing support for those with mental health problems and complex needs	Satisfactory
6.	Supporting older and vulnerable residents and those with disabilities to remain independent	Good
7.	Encouraging residents to lead active and healthy lifestyles and maintain mental wellbeing	Good
8.	Safeguarding adults at risk of abuse and neglect	Good
9.	Efficient delivery of statutory duties	Good

5.	Integrating local health and social care and providing support for those with mental health problems and complex needs	Q2 Status
		Satisfactory

### 5.1 Summary of Actions Satisfactory progress

5.1.1 This priority incorporates joint work with NHS Barnet Clinical Commissioning Group (BCCG) on the Care Closer to Home Programme (CC2H). The programme aims to transform how primary and community health care and support is delivered, so that people receive care and support closer to their homes and is intended to act as a foundation for the development of a local integrated care system (ICS) as per the NHS Long Term Plan launched in January 2019.

<sup>5</sup> A summary of the Actions is provided for each priority. These are RAG rated as followed: Complete or Good progress = GREEN (where no Actions RAG rated RED); Satisfactory progress = AMBER (where no more than one Action RAG rated RED) or Poor progress = RED (where more than two Actions RAG rated RED)

<sup>6</sup> KPI RAG rating reflects the percentage variance of the result against the target as follows: On target = GREEN (G); Up to 9.9% off target = AMBER (A); 10% or more off target = RED (R). The Direction of Travel (DOT) status shows the percentage variation in the result since last year e.g. Improving (↑ I), Worsening (↓ W) or Same (→ S). The percentage variation is calculated as follows: Q2 19/20 result minus Q2 18/19 result equals difference; then difference divided by Q2 18/19 result multiplied by 100 = percentage variation. KPIs are illustrated by (q) quarter; (c) cumulative up to end quarter; (s) snapshot in time; or (r) rolling 12 months.

<sup>7</sup> The Corporate Risk Register includes strategic risks (strategic and business critical risks) and high (15 to 25) service/joint risks (service and contract delivery risks). All risks are managed in line with the council's risk management framework. The risk registers are live documents and the Q2 19/20 Corporate Risk Register provides a snapshot in time (as at end September 2019). All risk descriptions for the strategic and high (15 to 25) level service/joint risks are available in Appendix A. The risk ratings are: Low = 1 to 3 (GREEN); Medium/Low = 4 to 6 (YELLOW); Medium/High = 8 to 12 (AMBER); and High = 15 to 25 (RED).

<sup>8</sup> The Q2 Status reflects overall performance on Actions, KPIs and Risks as follows: Complete or Good progress = GREEN (where no Actions or KPIs RAG rated RED and no more than one high level risk); Satisfactory progress = AMBER (where no more than one Action or KPIs RAG rated RED and/or no more than two high level risks) or Limited progress = RED (where two or more Actions or KPIs RAG rated RED and/or more than two high level risks).

- 5.1.2 Currently, there are seven Primary Care Network's (PCN's)<sup>9</sup>, launched in Barnet. The council has been jointly leading this programme of work with BCCG and has supported the first PCN to improve referrals and signposting to council and other universal services. The ASC Prevention and Wellbeing Team (PWT) have been working closely with PCN2, which has a focus on care for those at the end of life and with frailty. The team participate in a weekly multi-disciplinary team meeting looking at opportunities for improvements across the health and social care system. Adults and Health continue to work closely with BCCG to support the development of an improved model of care and support for adults with dementia and their carers within PCN 5. The new model aims to go live in Q4 2019/20 and as part of the new model a member of the ASC specialist dementia support team will be embedded into the PCN to improve post diagnostic support for adults with dementia and their carers.
- 5.1.3 Adults and Health continue to work with PCN's to develop the social prescribing model.
- 5.1.4 Work also continues with the Prevention and Wellbeing Co-ordinators working across Barnet with individuals and in Wards, co-ordinating local activities, highlighting what works well, improving accessibility and increasing what is on offer to support local people. This has included a Mental Health support group, carers meetings, a gardening club, walking groups, an IT surgery, a Bollywood dancing group, new reading groups, information and advice drop-in's and events.
- 5.1.5 ASC Mental Health Service is fully integrated with Barnet Enfield and Haringey Mental Health Trust (BEHMHT) and continues to deliver services to people in a range of community settings to support them to maintain and maximise their independence and wellbeing. The service applies an enablement and recovery focused approach to working alongside people and in Q2 the local enablement team (the Network) introduced a new group course to support people to self-manage their mental wellbeing. This course is based around the pocket well-being manual, developed by the Network service user forum and the Network community access workers. Additionally, the Network helped support the development of an allotment project aimed at supporting people who have experienced mental ill health to maintain and improve their health and wellbeing through growing their own vegetables, whilst being part of the local community and benefitting from participating in physical activity. The Barnet Integrated Learning Disability Service (BILDS), based in the council and made up of social care, community health and mental health trust staff, continued to provide multi-disciplinary care and support for people with learning disabilities. The council's Joint Commissioning team supports BILDS to deliver the national Transforming Care strategy.
- 5.1.6 BILDS is also making a number of changes to ensure that it maximises the 'progression' of people with learning disabilities to increased independence. This includes in-depth reviews, which identify opportunities to build people's skills and independence, and working with care providers to reduce any overprovision of care in the same setting and work with clients to help them progress towards their identified goals. There were 146 clients identified as a focus for this work and 55% of these reviews have been completed by end September 2019. The service is also already working with six care providers to alter the way they are commissioned, enabling greater flexibility in supporting progression and changes in people's needs, at a lower overall cost. In the remainder of 2019/20 the BILDS will explore greater use of general purpose housing for people with Learning Disabilities and deliver intensive reviews of out-of-borough residential placements to

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<sup>9</sup> Primary Care Networks are groups of GP practices working closely together with other primary and community care staff and health and care organisations to provide integrated services to their local populations.

assess opportunities for progression, improving overall quality, and cost. The council is setting up a Shared Lives Scheme and has appointed a Scheme Manager who is working toward the scheme being registered with CQC with a view to launch by March 2019.

5.1.7 ASC continues to focus on prevention and early intervention for people with care needs and their carers using the strengths-based approach which enables people to focus on their own strengths and assets and recognises what goals they want to achieve and looks at what community resources are available to support them. In Q2, Age UK Barnet launched new groups including Crafty Fridays; Greenwich Leisure Limited (GLL) (Better) hosted a Wellbeing Day with information and advice for over 70 people; The Barnet Group hosted a party for residents of their Sheltered Housing and Extra Care; and the final plans for Barnet Silver Week were put into place.

## 5.2 KPIs

5.2.1 There are 10 KPIs for this priority, which monitor health and social care integration. Five KPIs met the Q2 targets. Two KPIs were Monitor only for Q2. One KPI will be reported in Q3. Two KPIs did not meet the Q2 targets.

5.2.2 Reducing Delayed Transfers of Care (DTC) has been a priority for ASC, with national targets set for DTC reduction in July 2017 by the Department of Health & Social Care, with the improved Better Care Fund (iBCF) 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) – 8.75 against a target of 7.19.** This indicator includes three separate elements:
  - **NHS DTC** at the end of August 2019 was performing at **5.99 per day** per 100,000 population against the **target of 4.76** daily rate
  - Delays attributed to **Social Care** at the end of August 2019 were performing at **1.31 per day** per 100,000 population against the **target of 2.07** daily rate
  - **Joint NHS and Social Care DTC** at the end of August 2019 was performing at **1.46 per day** per 100,000 population against the **target of 0.35** daily rate.

For the period reported (August 2019<sup>10</sup>), the target was met for ASC DTCs; however, it was not met for NHS or Joint DTC. ASC continues to work closely with NHS partners to ensure safe and timely discharges from hospitals. Barnet hospitals are facing huge demands and social services continue to experience added pressures when sourcing care for complex care needs. For August 2019, 120 social care days delayed and 134 jointly attributed days delayed were reported, which put Barnet in the 2<sup>nd</sup> quartile when ranked against 152 local authorities nationally for delayed transfers of care.

- **Adults with mental health needs who live independently, with or without support (RAG rated RED) – 70.7% against 83%.** This is a national indicator that includes the cohort of all adults supported by NHS mental health services, which is significantly broader than those receiving ASC. These accommodation arrangements are recorded as settled accommodation in the Mental Health Services Data Set (MHSDS) and the data reported to committee comes from this national submission made by health partners. As people progress with their recovery, move into stable accommodation and then stop receiving support with their mental health, they are no longer included in the dataset. The council is in communication with the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) to

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<sup>10</sup> There is a two-month time lag for published DTC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

understand the reasons for the change in reported data. BEHMHT collate statistics for cases under the Care Programme Approach only and this means that those with lesser needs don't have this recorded. BEHMHT continue to chase completion of this information annually to avoid under-reporting but this is still a risk if there are any gaps in record keeping.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking <sup>11</sup>
				Target	Result	DOT	Result	
Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c)	Smaller is Better	381.4	511 <sup>12</sup>	255	234 (G)	Not comparable	145.3 <sup>13</sup>	CIPFA Neighbours 383.4 London 406.2 England 585.6 (NASCIS, 17/18)
Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c)	Smaller is Better	9.1	13.0 <sup>14</sup>	6.5	5.4 (G)	Not comparable	2.9 <sup>15</sup>	CIPFA Neighbours 8.8 London 9.6 England 14.0 (NASCIS, 17/18)
New admissions to residential care for working age adults, per 100,000 population, MH only (Monthly)	Smaller is Better	New for 19/20	7.5	3.8	1.6 (G) <sup>16</sup>	New for 19/20	New for 19/20	No benchmark available
Adults with mental health needs who live independently, with or without support	Bigger is Better	80.9%	83% <sup>17</sup>	83%	70.7% (R)	↓ W -14.3%	82.5%	CIPFA Neighbours 67.1% London 61% England 57% (NASCIS, 17/18)

<sup>11</sup> NASCIS 18/19 benchmarking data is due to be released in Q3.

<sup>12</sup> The annual target has been adjusted to 511 (from 490) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

<sup>13</sup> Q2 19/20 result is not comparable with Q2 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates.

<sup>14</sup> The annual target has been adjusted to 13.0 (from 12.0) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

<sup>15</sup> Q2 19/20 result is not comparable with Q2 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates.

<sup>16</sup> This is a national ASCOF measure for Mental Health data and will be reported in Q2.

<sup>17</sup> Data provided by Barnet, Enfield, Haringey Mental Health Trust. NHS England have been working with all Mental Health Trusts to improve the quality of this data. As this work continues this may lead to variations in reported performance and the target may be revised accordingly.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking <sup>11</sup>
				Target	Result	DOT	Result	
Adults with learning disabilities who live in their own home or with their family	Bigger is Better	78%	74%	74%	82.7% (G)	↑   +3.8%	79.1%	CIPFA Neighbours 70.9% London 73.3% England 77.2% (NASCIS, 17/18)
Delayed transfers of care from hospital per day per 100,000 population (aged 18+) which are attributable to NHS and adult social care (s)	Smaller is Better	9.45 <sup>18</sup>	7.19 <sup>19</sup>	7.19	8.75 <sup>20</sup> (R)	Not comparable <sup>21</sup>	6.8	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	2.01 <sup>22</sup>	2.07 <sup>23</sup>	2.07	1.31 <sup>24</sup> (G)	Not comparable <sup>25</sup>	1.98	CIPFA Neighbours 1.77 London 1.93 England 2.92 (Feb 18, Department of Health)
People who feel in control of their own lives (Annual)	Bigger is Better	75.8% <sup>26</sup>	75.8% <sup>27</sup> (within conf. interval)	75.8%	Due Q3 19/20	Due Q3 19/20	Due Q3 19/20	No benchmark available
People signposted to information, advice and guidance	Bigger is Better	New for 19/20	Monitor	Monitor	2230	New for 19/20	New for 19/20	No benchmark available

<sup>18</sup> The results for the DTOC KPIs 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>19</sup> The DTOC targets are set by NHS England at a national level. The annual target has been adjusted to 7.19 (from 6.87) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

<sup>20</sup> Result is for August 2019. There is a two-month time lag for published DTOC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

<sup>21</sup> Q2 19/20 result is not comparable with Q2 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates

<sup>22</sup> The results for the DTOC KPIs 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>23</sup> The DTOC targets are set by NHS England at a national level. The annual target has been adjusted to 2.07 (from 2.03) to reflect the change to using ONS population estimates. This brings the council in line with the standard methodology used by the NHS for this KPI.

<sup>24</sup> Result is for August 2019. There is a two-month time lag for published DTOC figures and because of this Barnet has an established methodology of using the middle month of the quarter as a snapshot for the quarter.

<sup>25</sup> Q2 19/20 result is not comparable with Q2 18/19 result, due to change in population estimates used for the calculation. 18/19 results were based on SNPP population estimates. 19/20 results are now based on ONS population estimates

<sup>26</sup> This survey indicator has a confidence interval of +/-4.2%pts.

<sup>27</sup> All indicators based on the Adults Social Care user survey are set using a 'confidence interval' that takes account of the margin of error which may result from surveying a small sample of the population.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking <sup>11</sup>
				Target	Result	DOT	Result	
Referrals to voluntary sector organisations at first contact	Bigger is Better	New for 19/20	Monitor	Monitor	1271	New for 19/20	New for 19/20	No benchmark available

### 5.3 Risks

5.3.1 There are three risks to delivery of the actions for this priority<sup>28</sup>. These have been assessed at a medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.

- AC004 - Surge in demand from NHS (risk score 12).** To manage an unpredictable surge in demand for ASC from the NHS, regular meetings are held between ASC, BCCG and NHS Provider Trusts to manage pressures in the system and management of patients who are delayed in hospital. There continued to be pressure on admissions and beds in Q2, with hospital social work managers focused on facilitating discharges of long length of stay patients with complex multiple needs. Sourcing suitable placements that meet needs continues to be a challenge. LBB continues to work closely with providers around ensuring capacity and quality of care and managing expectations from system partners about capacity in care provider markets. Hospital social work teams have had management changes in the last few months but the teams continue to respond to increasing demand through assessing and reviewing care needs promptly. There is continued partnership with CCG around the roll out of the Primary Care Networks and exploring ways to reduce admissions into hospitals and support people to have community based care and support.
- AC016 - Strategic prevention and intervention (risk score 8).** Funding and sustainability challenges facing the voluntary sector could lead to a reduction in capacity of preventative services. ASC continued to work with commissioned preventative providers where potential variation to contracts had been identified to mitigate adverse impact on service users. The Prevention and Wellbeing Service also continued to work alongside the voluntary community sector service to provide prevention and early intervention. Two new information and advice drop-ins were offered at Finchley Church End.
- AC020 - Lack of practicing Approved Mental Health Professionals (AMHP) (risk score 9).** Joint working arrangements are being developed across Barnet, Enfield and Haringey councils and regular meetings have taken place to discuss issues impacting on the AMHP service such as shortage of hospital beds, length of travel to out-of-borough hospital placements and change of ambulance and transport services. AMHPs have been tracking any delays in assessments, including the reasons for these. Work is being undertaken to update the AMHP assessment pathway policy. In addition, ASC, the CCG and Barnet Enfield and Haringey Mental Health Trust (BEHMHT) are working together to review the crisis pathway to aid crisis support in the community.

<sup>28</sup> There were three Delivery Plan risks; however, AC018 – Strategic relations with the NHS has been reflected in the new strategic risk (STR12 – Relationship with healthcare providers and partner organisations), which has been mapped to the Safeguarding priority instead of the Integrating local health and social care priority; and AC020 has been moved to this priority from the Supporting older and vulnerable residents priority

6. Supporting older and vulnerable residents and those with disabilities to remain independent	Q2 Status
	Good

## 6.1 Summary of Actions Satisfactory progress

- 6.1.1 Ansell Court, a dementia friendly extra-care scheme with 53 flats (50 x 1-bedroom flats and 3 x 2-bedroom flats), is the first of the council's three new developments in Barnet. Building works were completed in February 2019 and occupation of the flats commenced during the first week of April 2019. As at the end of September 2019, 35 flats are occupied, a further 11 flats have been allocated and staff at Ansell Court are working with ASC to assess incoming referrals for the remaining seven flats.
- 6.1.2 Two additional extra care sites are in development, one is due to commence build early in 2020 and the other is entering planning stages following the approval of the outline business case.
- 6.1.3 The Reablement service continues to perform well with 292 individuals supported in Q1 and Q2 and only 16 requiring on-going care services.
- 6.1.4 Care technology and equipment help support individuals to continue to live in their own homes or in the community safely and maintain their independence. The Care Technology service continues to grow significantly; now in year three of the contract it is projected there will be another 1,440 user installations, which is significantly above the contract target of 700. The Barnet Community Equipment service is a joint Local Authority and BCCG service which offers a range of community equipment like specialist chairs, grab rails and hoists and this continues to be offered to residents.
- 6.1.5 Barnet continued to have a strong dementia community support offer. In September 2019, Barnet Alzheimer's Society held a Dementia Friendly Community Event promoting dementia-friendly communities throughout the borough and the council and CCG started work on a joint Dementia Strategy. The ASC Specialist Dementia Support team continued to work with adults with dementia and their carers promoting independence and wellbeing.

## 6.2 KPIs

- 6.2.1 There are three KPIs for this priority, which monitor support to older and vulnerable residents. One KPI met the Q2 target. One KPI is Monitor only for Q2, with 13.8% of people receiving reablement going on to require a long-term service. One KPI will be reported in Q3.

Indicator <sup>29</sup>	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
Number of Extra Care beds in Ansell Court which are filled (c)	Bigger is Better	New for 19/20	53	26	35 (G)	New	New for 19/20	No benchmark available

<sup>29</sup> KPIs on the proportion of people with a reduction in support needs following telecare and service users receiving ongoing services with telecare; taken out. These have been replaced by a new KPI on clients receiving preventative reablement services enabling them to live in the community for longer. This enablement measure is a good replacement as it shows value added services and impact with the number clients supported to live within the community and not requiring more complex social care support.

Indicator <sup>29</sup>	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
Proportion of people receiving reablement who go on to require a long-term service (SALT)	Smaller is Better	New for 19/20	Monitor	Monitor	13.8%	New for 19/20	New for 19/20	No benchmark available
Clients receiving preventative reablement services enabling them to live in the community for longer	Bigger is Better	New for 19/20	Monitor <sup>30</sup>	Monitor	Due Q3 19/20 <sup>31</sup>	New for 19/20	New for 19/20	No benchmark available

### 6.3 Risks

6.3.1 There are no risks delivery of the actions for this priority<sup>32</sup>.

7. Encouraging residents to lead active and healthy lifestyles and maintain mental wellbeing	Q2 Status
	Good

#### 7.1 Summary of Actions Good progress

7.1.1 The New Barnet Leisure Centre opened on 30 August 2019 and Barnet Cophall Leisure Centre opened on 1 September 2019. Both leisure centres offer a wide range of activities for residents. In addition, GLL (Better) continued to invest in Barnet's leisure facility stock with Hendon, Burnt Oak and Finchley Lido Leisure Centres receiving enhancements to the sum of £1.96m (year to date). The enhancements have been positively received by customers reflected in feedback and membership numbers.

7.1.2 The Fit and Active Barnet (FAB) brand continued to grow, with 21,896 registered members by the end of September 2019. FAB promotions are focusing on smaller targeted sub-campaigns such as to older people (October 2019), carers (planned for January 2020) and women and girls (planned for March 2020).

7.1.3 The council's leisure management contract with GLL (Better) continued to deliver a range of programmes to support the achievement of Public Health outcomes including weight management (children and adults), cancer, diabetes, falls, dementia cafe etc. The council continued to co-ordinate and deliver the Disability Sports Network.

#### 7.2 KPIs

7.2.1 There are three KPIs for this priority, which monitor active and healthy lifestyles. Two KPIs met the Q2 targets, with the third due in Q3.

<sup>30</sup> The 19/20 data will be used to establish a baseline.

<sup>31</sup> KPI will be reported in Q3

<sup>32</sup> There was one Delivery Plan risk (AC020 – Lack of practicing AMHP) but this has been moved to the Integrating local health and social care priority.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
Adults (16+) taking part in moderate activity at least 150 minutes per week (Bi-annual) <sup>33</sup>	Bigger is Better	New for 19/20	60%	60%	Due Q3 19/20	New for 19/20	New for 19/20	Rank 20 (out of 33 London Boroughs) (2019, Sport England)
FAB card holders following FAB2 campaign (c)	Bigger is Better	New for 19/20	22000	20500	21896 (G)	New for 19/20	New for 19/20	No benchmark available
Participants engaged in targeted programmes (q)	Bigger is Better	New for 19/20	690	190	197 (G)	New for 19/20	New for 19/20	No benchmark available

### 7.3 Risks

7.3.1 There are four risks to delivery of the actions for this priority. These have been assessed at a low (scoring 1 to 3); medium/high (scoring 8 to 12) and high (scoring 15-25) level and have controls/mitigations in place to manage the risks.

- AC023 - Construction of leisure facilities (risk score 9).** An increase in construction costs places a risk on affordability of the schemes and potential delays to the programme. Two new leisure facilities (New Barnet Leisure Centre and Barnet Copthall Leisure Centre) were completed by the contractor, Graham Construction, and opened to the public in Q2. Within the first month of opening the combined attendance total was approximately 72,000 across both sites. The next phase of the programme includes the decommissioning of both Church Farm Leisure Centre and the old Barnet Copthall Leisure Centre. The project remains within the agreed budget approved by P&R Committee and is monitored on a monthly basis via progress meetings and budget monitoring. All compensation events are reviewed by Gardiner and Theobald who are providing independent cost assurance.
- AC043 - FAB Card registrations (risk score 2).** There is a risk that the second phase of the FAB campaign might not result in the level of anticipated FAB Card registrations. By end September 2019, the number of FAB Card registrations was recorded at 21,896 and is on track to achieve the target of 22,000 by 31 March 2020. A communications plan has been established between the council and GLL (Better) to deliver targeted sub-campaigns to reach under-represented groups in the borough.
- AC044 - Leisure operator performance against contract (risk score 20 - increased from 16).** If the leisure operator fails to deliver against contractual obligations/commitments, this could impact on the delivery of the contract and health and wellbeing activities. Finchley Lido Leisure Centre has been subject to a programme of lifecycle maintenance. A routine condition survey in March 2019 identified the need for essential roof repairs. In the interest of customer safety, the council closed public access to the pool at Finchley Lido in March 2019 to complete the repairs and the Lido is expected to be re-opened in early 2020. It is expected GLL (Better) will submit a claim for the closure period outlining the revenue impact. This has been reflected in an increased likelihood score.

<sup>33</sup> KPI is reported from the Sport England Active Lives Adult Survey, which is undertaken twice a year. This uses the Chief Medical Officer guidelines as a measurement.

- **AC045 - Barnet Disability Sports Network (DSN) (risk score 2).** There is a risk the DSN fails to identify and collaborate on opportunities to enhance access and experience for disabled residents. The DSN comprises stakeholders within the borough that provide a service or have contact with residents with a disability. The DSN meets every six months to collaborative on opportunities to maximise Sport and Physical Activity (SPA) access and experience for disabled residents. The DSN met in May 2019, with another meeting scheduled for October 2019. An update was submitted to Health and Wellbeing Board (3 October 2019) on successes and positive partnerships built within the network. London Sport has referenced Barnet DSN as best practice in a case study for a toolkit to encourage other local authorities to establish a DSN.

8. Safeguarding adults at risk of abuse and neglect	Q2 Status
	Good

### 8.1 Summary of Actions Satisfactory progress

8.1.1 The Adult Multi Agency Safeguarding (MASH) hub was launched on 10 June 2019. The MASH brings together knowledge and expertise from across ASC and key partners and is being implemented in phases. Stronger links with key partners have been established who are engaged on a regular basis to assist with the assessment and decisions on safeguarding. This has led to positive case discussions and quicker responses to referrals. However, there has been a delay to the move-in date of the Children’s MASH / Police team to 2020, which will impact on planned links and collaborative working with these key MASH partners.

8.1.2 The Barnet Safeguarding Adults Board (SAB) is dedicated to working to embed the ‘Making safeguarding personal’ principles across all organisations working to support adults at risk of abuse, neglect or exploitation. The SAB Annual Report was presented to A&S Committee on 19 September 2019 and provided progress against the three key priorities for the SAB by individual organisations and across the partnership as a whole. During Q2, internal safeguarding audits from ASC and BEHMHT were considered at the Performance and Quality Assurance sub-group. The most recent Safeguarding Adults Review was concluded and the results will be published shortly via a seven-minute briefing and the action plans implementation will be monitored by the Case Review Group. The Safeguarding Adults Board considered the theme of transitions across the partnership.

### 8.2 KPIs

8.2.1 There is one KPI for this priority, which monitors safeguarding. The conversion rate of safeguarding concerns to Section 42 enquiries was 28.9%.

Indicator	Polarity	18/19 EOY	19/20 Target	Q2 19/20			Q2 18/19	Benchmarking
				Target	Result	DOT	Result	
Conversion rate safeguarding concerns to Section 42 enquiries	Monitor	New for 19/20	Monitor	Monitor	28.9%	New for 19/20	New for 19/20	No benchmark available

### 8.3 Risks

8.3.1 There are two risks to delivery of the actions for this priority<sup>34</sup>. These have been assessed at a medium/high (8 to 12) level and have controls/mitigations in place to manage the risks.

- **AC046 - Adults MASH Resourcing (risk score 15 - increased from 8)**. There is a risk that there will be insufficient resource and subject expertise within the Multi-Agency Safeguarding Hub (MASH) due to capacity constraints within service areas, delays to co-location with other services/partners, which may lead to the MASH being less effective and unable to effectively safeguard vulnerable adults. There have been unplanned staff absences and an increased volume of referrals. Additional staff are being recruited and existing staff from other teams have been deployed to support the MASH. There are daily MASH meetings to discuss incoming referrals to ensure all managers are aware of cases and speed up the information gathering process and case progression.
- **STR12 - Relationship with healthcare providers and partner organisations (risk score 12)**. Ineffective relationships with healthcare providers and partner organisations such as the NHS could lead to an inability to manage demand resulting in failure to meet statutory duties and safeguarding of vulnerable residents. Engagement has continued locally and across North Central London (NCL) with the development of the Sustainability and Transformation Partnership (STP) and CCG merger; although there is still significant uncertainty as to what the new model will be in practice. The risk score remains the same whilst work is needed to clarify the new arrangement. DTOCs discussions continue to take place to agree pathways to support timely discharges.

9. Efficient delivery of statutory duties	Q2 Status
	Good

### 9.1 Summary of Actions **Satisfactory progress**

9.1.1 This element of the Delivery Plan was focused on delivering the Medium Term Financial Strategy (MTFS) and savings programme, whilst continuing to deliver statutory duties. Progress on the MTFS is set out in section 3.1.

### 9.2 KPIs

9.2.1 There are no KPIs for this priority.

### 9.3 Risks

9.3.1 There are two risks to delivery of the actions for this priority<sup>35</sup>. These have been assessed at a medium/low (4 to 6) and high (15 to 25) level and have controls/mitigations in place to manage the risks.

- **AC047 - MTFS Savings Delivery (risk score 4)**. The Transformation Team and Finance Business Partners continued to work closely to assess demand management/cost avoidance savings and ensure that there is adequate scrutiny. Savings trackers and highlight reports are completed and reviewed at monthly Adults' leadership groups.
- **AC007 - Database and reporting environment (risk score 4)**. If information is not recorded, as per compliance, on the new social care database this could lead to limited or

<sup>34</sup> There was one Delivery Plan risk for this priority (AC046). However, STR12 has replaced AC018 (which was mapped to the Integrating local health and social care priority) and moved to the Safeguarding priority.

<sup>35</sup> AC031 - Business intelligence and financial reporting merged with AC007 – Database and reporting environment (an existing risk on Adults and Health risk register).

inaccurate intelligence and insight to meet statutory obligations. Implementation has continued to progress and training is being delivered, alongside user guides and support. Customised reports are being developed for budget monitoring along with various insight packs for performance management of different client groups.

9.3.2 In addition to the risks in the Annual Delivery Plan, there was a *service risk* linked to this priority that was scored at a high (15 to 25) level in Q2.

- **AC001 - Increased overspend to meet statutory duties (risk score 20).** The uncertainty of the operating environment could lead to insufficient resources for the service to meet its statutory duties. There are strong project monitoring processes in place for all savings as part of the MTFs. In Q2, the budget monitoring process has been strengthened by implementing a new monitoring approach.

## **10 REASONS FOR RECOMMENDATIONS**

10.1 These recommendations are to provide the Committee with relevant budget, performance and risk information in relation to the corporate and committee priorities in the Corporate Plan (Barnet 2024) and A&S Committee Annual Delivery Plan. This paper enables the council to meet the budget agreed by Council in March 2019.

## **11 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

11.1 None.

## **12 POST DECISION IMPLEMENTATION**

12.1 None.

## **13 IMPLICATIONS OF DECISION**

### **13.1 Corporate Priorities and Performance**

13.1.1 The report provides an overview of performance for Q2 2019/20, including budget forecasts, savings, progress on actions, KPIs and risks to delivering the Annual Delivery Plan.

13.1.2 The Q2 2019/20 results for all Corporate Plan and Delivery Plan KPIs are published on the Open Barnet portal at <https://open.barnet.gov.uk/dataset>

13.1.3 Robust budget, performance and risk monitoring are essential to ensure that there are adequate and appropriately directed resources to support delivery and achievement of corporate and committee priorities as set out in the Corporate Plan (Barnet 2024) and Annual Delivery Plans.

13.1.4 Relevant council strategies and policies include the following:

- Medium Term Financial Strategy
- Corporate Plan (Barnet 2024)
- A&S Committee Annual Delivery Plan
- Performance and Risk Management Frameworks.

### **13.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

13.2.1 The budget forecasts are included in the report. More detailed information on financial performance is provided to Financial Performance and Contracts Committee.

### **13.3 Social Value**

13.3.1 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.

### **13.3 Legal and Constitutional References**

13.4.1 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.

13.4.2 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 section 28(4) of the Act.

13.4.3 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.

13.4.4 The council’s Financial Regulations can be found at:

<http://barnet.moderngov.co.uk/documents/s46515/17FinancialRegulations.doc.pdf>

### **13.5 Risk Management**

13.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks are reviewed quarterly (as a minimum) and any high level (scoring 15+) risks are reported to the relevant Theme Committee and Policy and Resources Committee. In addition, the Annual Delivery Plan risks associated with the priorities for this Committee are outlined in the report.

### **13.6 Equalities and Diversity**

13.6.1 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.

13.6.2 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; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

13.6.3 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.

13.6.4 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>

## **13.7 Corporate Parenting**

13.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in carrying out any functions that relate to children and young people. The services set out in this report are relevant to care leavers with care and support needs including eligible needs under the Care Act 2014.

## **13.8 Consultation and Engagement**

13.8.1 Consultation on the new Corporate Plan (Barnet 2024) was carried out in the summer 2018. The Corporate Plan was approved by Council in March 2019.

## **13.9 Insight**

13.9.1 The report identifies key budget, performance and risk information in relation to the A&S Committee Annual Delivery Plan.

## **14 BACKGROUND PAPERS**

14.1 Council, 5 March 2019 – approved Corporate Plan (Barnet 2024)  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=9456&Ver=4>

14.2 A&S Committee, 18 March 2019 – approved Annual Delivery Plan  
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=9475&Ver=4>



AGENDA ITEM 9

## Adults and Safeguarding Committee

**25 November 2019**

<b>Title</b>	<b>Update on the development of the Integrated Care System</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>	
<b>Officer Contact Details</b>	Dawn Wakeling, Executive Director of Adults and Health. Dawn.wakeling@barnet.gov.uk

### Summary

At its June meeting, the Adults and Safeguarding Committee considered a report on the development of the integrated care system (ICS) in north central London. ICSs plan and commission health care for their populations and provide system leadership. They bring together NHS providers and commissioners and local authorities to work in partnership.

Each sustainability and transformation partnership (STP) is required to develop into an ICS by April 2021 as part of the NHS Long Term Plan. In addition, Clinical Commissioning Groups (CCGs) are expected to merge so that each STP/ICS area has one co-terminous CCG. This report provides an update on: the development of the ICS for north central London; the merger of the five north central London CCGs; and local development of an integrated care partnership in Barnet.

### Officers Recommendations

**1. That the Adults and Safeguarding Committee notes and considers the contents of this report.**

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

1.1 This report provides an update on: the development of the ICS for north central London; the merger of the five north central London CCGs; and local development of an integrated care partnership in Barnet.

## **2. REASONS FOR RECOMMENDATIONS**

2.1 Integrated care systems (ICSs) are defined by NHS England (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.” 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. ICSs can also take the form of looser collaborative arrangements, built around shared outcomes frameworks, joint strategies or memoranda of understanding. 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.

2.2 There is also the expectation that health commissioning will become more long term, strategic and that the cost of commissioning will be reduced. The key requirement is that there will be one CCG for each STP area, and each CCG is expected to make 20% management savings in 2019/20.

### **ICS and the NHS Long Term Plan**

2.3 Since the last report, the north London STP has been developing its approach to becoming an ICS. It has published documents setting out its draft response to the requirements of the NHS Long Term Plan. The documents can be found at:

<https://www.northlondonpartners.org.uk/ourplan/draft-response-to-the-nhs-long-term-plan-in-north-central-london.htm>

The response documents build on much of the work to improve health services that the STP and local CCGs were already doing and cover topics such as:

- Integrated community-based health care
- Reducing pressures on emergency hospital services

- Personal health budgets
- Improving cancer outcomes
- Improving mental health outcomes
- Better care for major health conditions – cardiovascular, stroke, diabetes and respiratory
- Shorter waits for planned care
- Population health
- Prevention
- Learning disabilities and autism
- Workforce
- Use of technology
- Efficiency

2.4 The new single CCG will act as the strategic commissioner in the new integrated care system. The published proposals for the single north London CCG set out the proposed approach to strategic commissioning:

- The NHS in north London working as one system
- A focus on population health management. This is a technique that uses data to design new models of proactive care to improve health outcomes in a local area.
- A move away from payment by results contracts to place based contracts based on population need
- Commissioning uniform services across all boroughs where this will benefit patients but commissioning varied services where there is a local clinical need
- A commitment to local working and engagement and consultation at the local level
- Development of financial sustainability for the NHS as one system

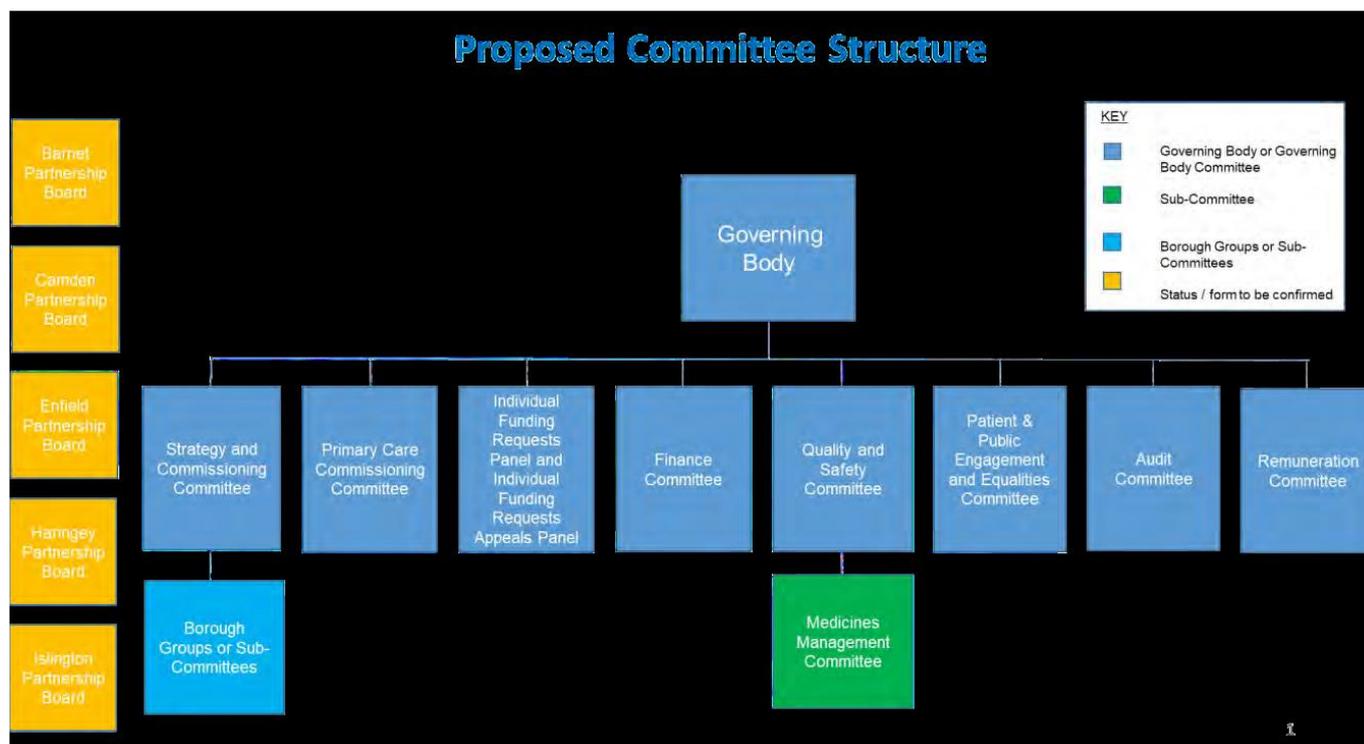
### **Merger of the CCGs**

2.5 Since the last report to this committee, the five CCGs covering Barnet, Enfield, Haringey, Camden and Islington have been working on proposals for the planned single CCG for north central London. Each CCG considered the formal proposals at a public governing body meeting in September and all five agreed to support the merger, with the

formal decision on the merger being taken by NHS England. NHS Barnet CCG considered and agreed to support the merger on the 19th September at its Governing Body meeting. NHSE subsequently approved the merger in October. During November, each individual CCG will consult with its membership on the plans (n.b. CCGs are membership organisations, with the members being all GP practices in its area). It is anticipated that the new merged CCG will go live in April 2020.

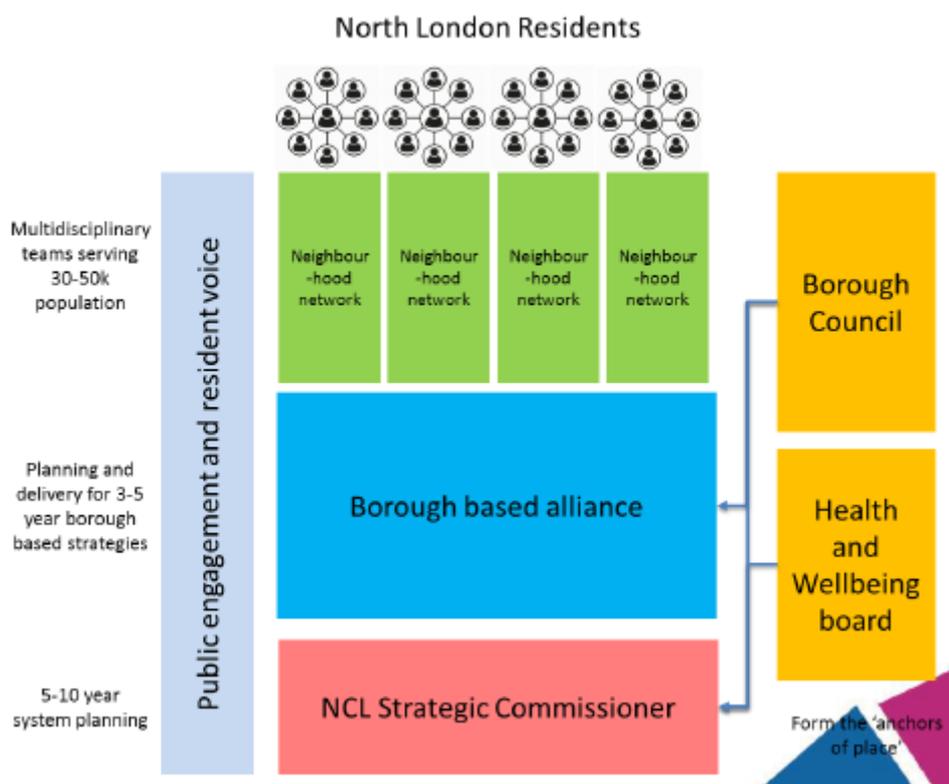
2.6 The proposals for the merged CCG set out the benefits of greater economies of scale, efficiency and resilience, linked to being a larger single organisation. The new CCG will have a single governing body and executive management team. However, each borough will still have a local managing director, although it is anticipated that local teams will be smaller than they are currently. The primary role of the managing director and local team will be to facilitate the development of borough based partnerships (ICPs) and primary care networks (PCNs), working with local partner agencies including the council. The local teams will also maintain their liaison and working with local Health and Wellbeing Boards, Health Overview and Scrutiny Committees and Safeguarding Boards. It is not anticipated that there will be any change in local joint commissioning arrangements.

2.7 The merged CCG will have a single governing body with eight committees reporting to it. Provision has been made for local authority representation at the governing body, with 1 councillor and 1 director of public health representing the 5 councils as non-voting members. It is not known at this point what council representation will be on the eight committees. Committee will be aware that under the current arrangements there are 1 or 2 local authority officer representatives on each governing body. It is not known at this point how the council representatives will be selected and what the mechanisms will be for engaging with individual councils in relation to governing body business. The governance structure is shown below and a link to the document containing the full proposals can be found here: [NCL CCGs Merger GB Paper Final](#)



## Local Integrated Care Partnership

2.8 Each CCG has been working with its local council, health providers and Healthwatch to begin the development of a borough based integrated care partnership. The diagram below, previously shared with committee in June, sets out how local partnerships fit within the proposed ICS for north central London (n.b. the term alliance has now been replaced with the term partnership and neighbourhood networks are now termed primary care networks).



2.9 In Barnet, a project has been established to bring together NHS providers, local clinical representatives such as the Community Education Providers Network (CPEN), council officers and Healthwatch to develop a local integrated care partnership (ICP). This work is in its early stages. The council's director of public health is leading on the development of a high-level outcomes framework for the ICP. The focus of the work in the early stages will be on developing improvements to services through greater integration, in the following areas: diabetes; musculo-skeletal; dementia; learning disability; A&E and discharge from hospital.

### Integrated care records

2.10 To support integrated care, the north London STP is implementing a shared care record across the STP footprint, called the Health Information Exchange, or HIE. This will enable health and social care professionals to access a patient or resident's records from different settings in real time, meaning that residents should only have to tell their story once and hence receive care better tailored to their individual needs. This is being rolled out gradually across north central London and in due course it is anticipated that all five adult social care services will be part of the HIE system. This will be underpinned by better data and information sharing between services to enable targeting of more proactive, preventative support, using a population health management approach, as set out earlier in this report.

## 3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable

## 4. POST DECISION IMPLEMENTATION

4.1 Officers, the committee chairman and the chairman of the health and wellbeing board will continue to engage in the process. Officers will bring back further reports when required.

## **5. IMPLICATIONS OF DECISION**

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

5.1.1 The council's corporate plan 2019-24 and the Adults and Safeguarding Committee's delivery plan include a commitment to integrating health and care to ensure better services and outcomes for Barnet residents. 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.

5.1.2 The council already has many services and programmes which are integrated with the NHS, some of which are referred to in the quarterly performance report to this committee. Working with NHS partners on the development of the north London ICS and the Barnet ICP will enable the council to shape these developments and improve integrated care for residents.

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

5.2.1 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.

### **5.3 Social Value**

5.3.1 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.

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

5.4.1 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.

## **5.5 Risk Management**

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

## **5.6 Equalities and Diversity**

5.6.1 Under the Equality Act 2010, the Council and all other organisations exercising public functions on its behalf must have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regards to eliminating discrimination.

5.6.2 In developing proposals alongside the NHS, 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.

## **5.7 Corporate Parenting**

5.7.1 In line with the Children and Social Work Act 2017, the Council has a duty to consider Corporate Parenting Principles in all decision making. Young people who have received care and support as children may go on to receive support from Adult Social Care and will use NHS services. The development of the integrated care system should be carried out in a way that ensures that the unique needs of children and young people in care, and care leavers are considered in the planning and commissioning of health services.

## **5.8 Consultation and Engagement**

5.8.1 As proposals begin to emerge from the various strands of work, council officers will work with NHS colleagues to develop appropriate consultation and engagement, including through liaison with HealthWatch, the council's Involvement Board, and engagement mechanisms for children and young people.

## **5.9 Insight**

5.9.1 Not applicable

## **6. BACKGROUND PAPERS**

6.1 None.

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**London Borough of Barnet  
Adults and Safeguarding  
Committee Forward Work  
Programme  
November 2019 - March 2020**

Contact: [tracy.scollin@barnet.gov.uk](mailto:tracy.scollin@barnet.gov.uk), tel 020 8359 2315

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
25th November 2019			
Annual Complaints Report			Non-key
Performance Report Q2 2019/20			Non-key
Business Planning Report - DEFERRED	Item DEFERRED to next meeting in line with Purdah rules.		Non-key
Update on Integrated Care System			Non-key
Market Position Statement 2019-24, including Care Provider Quality - DEFERRED	Item DEFERRED to next meeting in line with Purdah rules.		Non-key
16th March 2020			
Performance Report Q3 2019/20			Non-key
Healthwatch Barnet Enter and View Summary Report			Non-key

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
Market Position Statement			<b>Non-key</b>
Business Planning Report			<b>Non-key</b>
<b>Item(s) to be allocated</b>			
Update on the implementation of direct payments			<b>Non-key</b>

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