



Adults and Safeguarding Committee 14 July 2015

UNITAS	
Title	Adults and Safeguarding Annual Performance Report including the Adult Social Care Local Account
Report of	Dawn Wakeling – Commissioning Director Adults and Health Mathew Kendall – Adults and Communities Director
Wards	All
Status	Public
Enclosures	Appendix A – London Borough of Barnet Local Account Appendix B: Projected client demand up to 2025
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Summary

Each Theme Committee is to receive an annual report against progress made in 2014/15. These reports are to provide theme committees with an annual update of the work that has been undertaken to meet the committee's commissioning intentions, as outlined in the agreed commissioning plan for each committee. This report reviews the performance between April 2014 to March 2015 for the Adults and Safeguarding Committee.

Performance of the council is monitored each quarter by the Performance and Contract Management Committee. Any in-year concerns will be raised through a referral to the relevant theme committee.

This reports presents performance and financial data from March 2014 to April 2015, highlighting progress made against the Corporate Plan and the Adults and Safeguarding Committee's work in assisting in the achievement of meeting the fiscal challenge up to 2020.

Following a review of 2014/15, priorities and areas of potential challenge 2015/20 have been considered and are outlined in this report in line with the Adults and Safeguarding Committee Commissioning plan 2015 – 2020 approved by this committee on 19 March 2015.

The report also presents Barnet Council's annual Local Account. Every year the Council produces a local account to provide information about the adult social care department. The local account explains our work against local and national priorities, how we developed services during the year and areas we are working on, the challenges we face and how we are tackling them, what some of our customers and carers think about their experiences of adult social care services.

Recommendations

- 1. That the Committee note the progress made during 2014/15 and agree to use the information provided to help in future decision making.
- 2. That committee notes the information contained within the Adult Social Care Local Account 2014-15 and approves the version of the report attached at Appendix A for publishing as final on the Council website.

1. WHY THIS REPORT IS NEEDED

1.1 Each Theme Committee is to receive an annual report against progress made in 2014/15. These reports are to provide theme committees with an annual refresh of the work that has been undertaken.

2. REVIEW OF 2014/15

Corporate Plan priorities

- Adults and Safeguarding services lead the delivery of the Corporate Plan priority outcome to promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well and contribute to the other five priority outcomes, in particular, to promote family and community well-being and encourage engaged, cohesive and safe communities.
- 2.2 The performance outturn for 2014/15 (table 1 below) shows the borough's progress against two of the three Corporate Plan objectives which the Adult and Safeguarding Committee contribute to. The most recent outturn for the seven relevant corporate plan indicators (CPIs) performance is summarised as:
 - 29% (2 out of 7) were Green
 - 14% (1 out of 7) were Green Amber
 - None were Red Amber
 - 29% (2 out of 7) were Red
 - 29% (2 out of 7) were not reported in the last year these were biannual surveys.

2.3 With regards to the priority to support families and individuals that need it, promoting independence, learning and wellbeing, the borough increased the percentage of eligible adult social care customers receiving self-directed support and increased the number of carers who receive support services. Less progress was made in the areas of younger adults in residential and nursing care and eligible adults receiving direct payments (this is a local measure).

Table 1: Progress against relevant areas of the Corporate Plan 2013/16

Objective	Indicator	Latest Outturn	Previous Outturn
Support families and individuals that need it, promoting independence,	Increase the percentage of eligible adult social care customers receiving self-directed support	99.3% (March 2015)	2013/14 is not comparable due to methodology change
learning and well-being	Increase the percentage (and number) of eligible adult social care customers receiving direct payments to 30%	29.4% (April 2014 – March 2015)	30.1% (2013/14)
	Increase the number of carers who receive support services	39.2% (April 2014 – March 2015)	31% (2013/14)
	Reduce the number of younger adults in residential and nursing care	316 (March 2015)	315 (2013/14)
	Increase the percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into reenablement/rehabilitation services	71.9% (2013/14) 2014/15 will be available mid-July	83.9% (2012/13)
Improve the satisfaction of residents and businesses with the	Increase the overall satisfaction of people who use adult social care services with care and support	61.8% (2013/14) 2014/15 will be available mid-July	64.5% (2012/13)
London Borough of Barnet as a place to live, work, and study	Increase percentage of adult social care service users who say their services have made them feel safe and secure	65.2% (2013/14) 2014/15 will be available mid-July	70.9% (2012/13)

Table 2: Benchmarked indicators

Corporate Plan Indicators

Bottom London	Top London
boroughs (excl.	boroughs (excl.
City)	City)

	Barnet	London	England
Percentage of eligible adult social care customers receiving self-directed support	99.3%	90.6% ¹	٨
Percentage of eligible adult social care customers receiving direct payments ²	29.4%	N/A	N/A
Percentage of people using community-based services receive their self-directed support as a direct payment (ASCOF 1C(2))	20.5% (2013-14)	22.6% (2013-14)	19.1% (2013-14)
Increasing the number of carers who receive support services	39.2%	N/A	N/A
Permanent admission of younger adults (aged 18-64) to residential and nursing care homes per 100,000 population (Per 100,000 population) (ASCOF 2A(1))	13.4 (2013-14)	10.2 (2013-14)	14.4 (2013-14)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) ³ (ASCOF 2B(1))	71.9% (2013-14)	88.1% (2013-14)	82.5% (2013-14
Overall satisfaction of people who use adult social care services with their care and support (ASCOF 3A)	61.8% (2013-14)	60.3% (2013-14)	64.8% (2013-14
Proportion of adult social care service users who say their services have made them feel safe and secure (ASCOF 4B)	71.3% (2013-14)	76.8% (2013-14)	79.1% (2013-14

[^] This indicator has had a change of methodology so previous years are not suitable comparisons. Provisional 2014/15 data will be available in early July.

Please note: due to the time lag in reporting of Adults Social Care Outcomes (ASCOF) results, the latest data currently available if for 2013-14. The 2014-15 data will be circulated to the committee as soon as possible. Provisional data is expected in late July.

2.4 In addition to the Corporate Plan priority areas, each Delivery Unit monitors additional indicators to monitor progress against commissioning priorities and key service delivery indicators, these are outlined in tables 3 and 4.

^{*} Biannual survey

¹ Median of 20 London Local Authorities

² This is not comparable to the ASCOF indicator

³ This indicator is a shared responsibility between the NHS and Social Care

Table 3: Commissioning Priority Indicators

Bottom London		Top London
boroughs (excl.		boroughs (excl.
City)		City)

	Barnet	London	England
Proportion of people who use services and carers who find it easy to find information about services	72.6% (2013- 14)	72.8% (2013-14)	74.5% (2013-14)
Community based packages have support plans that are fully person-centred and reviews indicate that outcomes are achieved	92.9%	N/A	N/A

Table 4: Delivery Indicators

	Barnet	London	England
Proportion of service users who say that they have control over their lives	73.3% (2013- 14)	72.4% (2013-14)	76.8% (2013-14)
Exit enablement without any home care services	70%	N/A	N/A

- 2.5 With regards to the priority to improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work, and study, satisfaction of people who use adult social care services with care and support slightly decreased between 2011/12 and 2012/13. There was also a decrease in the percentage of adult social care service users who say their services have made them feel safe and secure over the same period. However, data in relation to the 2014/15 performance information will be available in late July.
- 2.6 A number of major programmes were implemented in 2014/15. For more information please see the annual account at appendix A. Key achievements include:
 - Becoming Care Act (2014) compliant which has seen the following achievements:
 - Launched a new universal deferred payments scheme, which means that people will not have to sell their homes in their lifetime to cover the cost of residential care
 - Developed carers support services to meet the new legal right of carers to ask for an assessment of their own needs
 - Provided prevention services, promoting wellbeing and focusing on delaying or preventing the need for social care services
 - Improved information and advice services, enabling people, carers and families to take control of, and make well-informed choices about, their care and support and how to fund it

- Built the new national eligibility criteria for support into assessment processes for both adults with care needs and carers
- Revised the process and tools to calculate peoples personal budgets ensuring that it is transparent and robust
- Developed a service to support self-funders to arrange and manage their community care. This service is available, for a fee to cover costs, to anyone who asks us to help them.
- Put in place continuity plans to ensure no one (whether self-funder or someone who receives council-paid support) would go without care if their provider, for example, a home care agency, goes out of business
- Revised the Market Position Statement for 2015-2020. This will
 promote the efficient and effective operation of a sustainable market in
 services for meeting care and support needs for the whole population
 of Barnet and not just those whom we directly support
- Trained all staff to deliver on the new duties. Staffing has also been reviewed to ensure that there are sufficient people in place to meet an increase in demand
- Reorganised Social Care Direct first point of contact service to ensure people who contact LBB receive a faster, more streamlined response and access to high quality information and support
- Publicised the changes with provider partners, current service users and residents, amending the information provided on the website and in publications.
- Improved the dementia care pathway add more detail, this is a good news story and reached the national diagnosis target of 67%
- Improved outreach for people with learning disabilities
- Developed Health and Social Care integration model including our plans for the Better Care Fund which was reported to the Health and Well-Being Board in January 2015. Early outcomes of the BCF plans are positive specify including the impact of Barnet's Local Integrated Team (BILT), a risk stratification tool, Community Navigators and the development of Health Living Pharmacies
- Improved the Care Quality team to extend the success of working with residential care providers to other sectors of the care market.
- Developed a screening tool for and raised the awareness of pressure ulcers, improved information about Deprivation of Liberty Safeguarding and the Mental Capacity Act which help keep people safe
- Supporting mental health and employability side by side Public health grant has been invested in two projects to support people with mental health problems into work. This support is co-located with community mental health teams, JobCentre Plus and Barnet's multi agency teams for offenders and those impacted by welfare reforms
- 2.7 Resident satisfaction with the relevant services for Adults and Safeguarding Committee in the Autumn 2014 were:

- Satisfaction with social services for adults is 28%, significantly higher than the London average, but satisfication has declined since the spring 2014 survey.
- Residents are concerned about quality of health services and that there is not enough done for elderly people – ranked 5th and 8th in respondents' top concerns.

3. PRIORITIES 2015 – 2020

- 3.1 The Corporate Plan 2015 2020 states our vision for health and social to be personalised and integrated, with more people supported to live longer in their own home.
- 3.2 Meeting Corporate Plan principles -

Fairness	 Improved advice and advocacy services Greater support to enable carers to continue in their caring role
Responsibility	 Explore alternative ways to deliver services, in partnership with other organisations and residents Better support for individuals to regain their independence, employment if appropriate and suitable housing that supports their well-being.
Opportunity	 Going further with personalisation – developing more creative approaches to meeting care needs Join up with Public Health, the wider NHS and other partners to help people better self-manage and plan to age well.

- 3.3 The Adult and Safeguarding Commissioning plan (2015 2020), approved by the Committee 19 March 2015, set out the priorities, outcomes and commissioning intentions.
- 3.4 By 2020, social care services for adults will be remodelled to focus on managing demand and promoting independence, with a greater emphasis on early intervention. This approach, working with housing and health services, will enable more people to stay independent and live for longer in their own homes, helping people with their whole life, not simply providing a diagnosis.
- 3.5 The adults and safeguarding committee agreed to receive the forecast projections of service users over the next 10 years. This information is attached at appendix B and has been based on the modelling published by the Institute of Public Care and Oxford Brookes University in 'Projecting Adult Needs and Service Information' (PANSI1) and 'Projecting Older People Population Information' (POPPI2). These tools were originally established by

² http://www.poppi.org.uk/

¹ http://www.pansi.org.uk/

the Department of Health and are the most commonly used datasets for social care projections.

- 3.6 The following outlines the key activities being delivered in 2015/16 to take forward our vision for adult health and social care for all adults with disabilities (learning disabilities; physical disabilities; sensory impairments; mental health needs; complex needs) -
 - Implement the second phase of Care Act reforms including the Care Account, Care Cap and appeals process.
 - To establish a new 0-25 disabilities service model to improve service quality and to promote increased independence of young adults with reduced costs to adult social care
 - To increase the supply and take-up of supported living and independent housing opportunities supporting more people to live in a home of their own with support and not in residential care
 - To increase opportunities for people to gain and remain in employment, training or volunteering placements (depending on their circumstances)
 - To develop a new model of social work for people with mental health problems with closer integration with housing and employment services.
 - To commission a carers support service jointly with Family Services to meets the needs of all carers including young carers.
 - To increase social networks and community cohesion including overseeing the Local Infrastructure Organisation contracts
 - To focus on providing personalised, integrated care with more residents supported to live in their own home
 - To implement new contracts place for homecare and enablement
 - To increase access to leisure facilities and sports clubs and participation of all residents in physical activity with a particular focus on older people, carers and people from Black, Asian and minority ethnic communities
 - To consult on and progress the sports and physical activity project, to modernise and improve leisure centres (by 2018/2019)
 - To develop the specification for new leisure management contract with an increased focus on public health outcomes (by 2017)
 - To deliver plans to achieve the savings required in the Medium Term Financial Strategy
 - To continue to develop our approaches to safeguarding and care quality

Performance monitoring

- 3.7 Performance across the Council is monitored by the Performance and Contract Management Committee. This committee receive quarterly reports on progress and spend for each 3 month period of the year. Where performance is considered a concern and relevant to the work of a thematic committee a referral will be made.
- 3.8 This committee will receive annual reports to ensure members are informed on performance as part of their decision making.

Financial performance

- 3.9 The Adults and Communities Delivery Unit is the main Delivery Unit for the services commissioned by the Adults and Safeguarding Committee. During 2014-15 the Delivery Unit overspent by £2.472m, a variation of 2.7% of budget. The variation from budget is summarised by:
 - Learning Disability and Mental Health = £1.866m overspend. Causes include: new Ordinary Residence clients (22 at a cost of £797k last year alone) and an increase in transition clients from Children's services over the last four years, e.g. £843k pressure last year alone. Transition users are not covered in demographic pressures funding.
 - Older People and Disabled People = £2.550m overspend. Causes include: clients who were self-funders whose funds have depleted and are now the responsibility of the Councile.g.19 more self-funders at a cost of £445k in 2014/15. Increase in demand from hospitals (a 35% increase in referrals to hospital social work teams in 2 years).
 - The above overspends were partly offset by under spends within Community Safety amounting to £0.288m due to vacancies during the year within the newly implemented contract for the provision of CCTV and within Community Well-Being amounting to £0.348m as a result of one-off additional funding received for Care Act implementation within the year.
 - There is also an under spend within Prevention and Well-Being amounting to £1.296m as a consequence of the early achievement of savings on Housing related support contracts over and above the MTFS target for 2014/15 (this is being used to partially offset MTFS savings pressures within Social Care); and
 - Additional Public Health funding secured in relation to the provision of Leisure Services.
- 3.10 There will be some significant challenges in delivering within budget in 15/16. The underlying demand pressures described above will be sustained along with further pressures. The 15/16 MTFS savings will be challenging and some may need to be re-profiled. In addition, the financial impact of the Care Act is still unknown and there are growing pressures from the health system.

4. REASONS FOR RECOMMENDATIONS

4.1 The Commissioning Plan was developed following consultation and agreed in March 2015. This report highlights performance and priorities which should be noted and taken forward where appropriate.

5. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

5.1 None

6. POST DECISION IMPLEMENTATION

6.1 Commissioning plans will be reviewed in Autumn 2015 to contribute to business planning for the council for 2016/20.

7. IMPLICATIONS OF DECISION

7.1 Corporate Priorities and Performance

7.1..1 As outlined in section 1 of this report, the work of this committee directly impacts on the previous 2013/16 Corporate Plan and the new 2015/20 Corporate Plan.

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

7.2..1 The Adults and Safeguarding Committee accounted for 31.3% of the Council's budget in 2014-15, this will reduce to 29.9% in 2015-16 due to savings.

Table 5: Overview of budget

	2014-15 net	2015-16 net	% difference
	(£000s)	(£000s)	
Adults and Safeguarding	89,662	82,593	-7.9%
	(31.3% of council	(29.9% of council	
	budget)	budget)	
Total Council	286,412	276,465	-3.5%
Expenditure			

7.2..2 The below table sets out the Medium Term Financial Strategy for the Adults and Safeguarding Budget up to 2020.

Table 6: Overview of the Adults and Safeguarding related budget and savings

Net budget	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
	(£000s)	(£000s)	(£000s)	(£000s)	(£000s)	(£000s)
Adults and	89,662	82,583	81,616	80,120	78,935	78,072
Safeguarding						
Budget						
Planned		(8,424)	(2,656)	(3,514)	(3,199)	(3,238)
savings						
Actual	92,283					

7.3 Legal and Constitutional Reference

7.3..1 The Council's Constitution, in Part 15 Annex A, Responsibility for Functions, states in Annex A the functions of the Adults and Safeguarding Committee including:

- To be responsible for those powers, duties and functions of the Council in relation to Adults and Communities including the following specific functions:
 - Promoting the best possible Adult Social Care Services
- To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including fees and charges proposals and virements of underspends and overspends on the budget. No decision which results in the amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
- 7.3..2 The Council's Constitution, in Part 15 Annex A, Responsibility for Functions, states in Annex A the functions of the Performance and Contract Management Committee including:
 - Monitoring of performance against targets by Delivery Units and Support Groups, including Adults and Communities.
 - To make recommendation to Policy and Resources and Theme Committees on the relevant policy and commissioning implications arising from the scrutiny of performance of Delivery Units and External Providers.
 - Whilst the Council can delegate some of its functions it cannot delegate
 its duties, this includes the public sector equality duty and statutory
 duties to provide care to meet eligible needs. The Performance and
 Contracts Management Committee has a vital role in ensuring that
 providers fulfil their contractual requirements and do not cause the
 Council to be in beach of its statutory duties

7.4 Risk Management

7.4..1 Risks are managed on a continual basis and reported as part of the Council Quarterly Performance regime and considered as part of the Performance and Contract Management Committee quarterly monitoring report.

7.5 **Equalities and Diversity**

- 7.5..1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
 - advance equality of opportunity between people from different groups
 - foster good relations between people from different groups
- 7.5..2 Relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

7.6 **Consultation and Engagement**

7.6..1 A large consultation and engagement exercise took place to develop the commissioning plan. Specific consultation and engagement programmes will take place for each programme as necessary.

8. BACKGROUND PAPERS

- 8.1 Better Care Fund, Health and Well-Being Board January 29 2015, item 6: https://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=177&Mld=7784&Ver=4
- 8.2 Adult and Safeguarding Commissioning Plan, Adults and Safeguarding Committee March 19 2015, item 8:

 https://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=698&Mld=7933&Ver=4
- 8.3 London Borough of Barnet's Corporate Plan 2015 2020: https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance.html