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|  | <h2>Adults and Safeguarding Committee</h2> <h3>6th June 2022</h3> |
| <p style="text-align: center;">Title</p> | <h3>Quarter 4 (Q4) 2021/22 Delivery Plan Performance Report</h3> |
| <p style="text-align: center;">Report of</p> | <p>Chair of the Adults and Safeguarding Committee</p> |
| <p style="text-align: center;">Wards</p> | <p>All</p> |
| <p style="text-align: center;">Status</p> | <p>Public</p> |
| <p style="text-align: center;">Urgent</p> | <p>No</p> |
| <p style="text-align: center;">Key</p> | <p>No</p> |
| <p style="text-align: center;">Enclosures</p> | <p>None</p> |
| <p style="text-align: center;">Officer Contact Details</p> | <p>Courtney Davis, Assistant Director Communities and Performance courtney.davis@barnet.gov.uk</p> |
| <h3>Summary</h3> | |
| <p>The committee receives a performance report each quarter updating on progress, performance and risk against its priorities. This report provides an overview of performance for Q4 2021/22, focusing on the activities to deliver both the corporate and committee priorities in the Adults and Safeguarding Committee Delivery Plan.</p> | |

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| <h3>Officers Recommendations</h3> |
| <p>The Committee is asked to review the performance, budget and risk information for Q4 2021/22 and make any referrals to Policy and Resources Committee in accordance with the terms of reference of this Committee, as it decides appropriate.</p> |

1. INTRODUCTION

- 1.1 The Barnet Plan sets out four priorities for the borough, these are: thriving, family friendly, healthy and clean, safe & well-run. The Adults and Safeguarding (A&S) Committee is the lead committee for the corporate plan's healthy theme, covering adult social care, integrated care, sports, physical activity & leisure and works with partners on the Health and Wellbeing Board (HWB) to ensure that social care interventions are effectively joined

up with healthcare. However, healthy is a cross-cutting theme and elements of it report to other committees, including activity on homelessness, domestic abuse and gender-based violence, and tackling the longer-term impacts of Covid-19.

- 1.2 Each year the committee adopts an annual plan, setting out the key priorities for the services within its remit, which includes key performance indicators. The plan for the 2021/22 financial year reflects both the Council's policy aims of safeguarding residents and supporting them to live independently; enabling residents to live healthy and active lives; and the Council's on-going response to the Covid-19 pandemic for the services within the committee's remit.
- 1.3 This report provides an overview of performance for Q4 2021/22 focussing on the budget forecast and activities to deliver the priorities in the A&S Committee Delivery Plan 2021/22.

2. DELIVERY PLAN PRIORITIES 2021/22

2.1 Pandemic response and easing of restrictions

- 2.1.1 The past year has been extremely busy for adult social care services and in particular for support upon discharge from hospital. The integrated discharge process has been further developed along with continued shared leadership of local activity with NHS partners to address the pressures in the health and care system.
- 2.1.2 During quarter 4 Covid 19 infections in care homes steadily decreased with 14 homes reporting cases by the end of the quarter (compared to 66 in Q3). The Integrated Care Quality Team continue to support care providers as changes in guidance were announced at the end of March 2022. The Department of Health and Social Care published the 'Covid -19 Response – Living with Covid-19, key changes included:
 - An update to infection prevention and control guidance, outlining the measures that will continue to be in place to help manage the threat of COVID-19 in care settings. Webinars were run to support care homes and other settings to implement the new guidance and to address questions and concerns about the policy changes.
 - Vaccination as a condition of deployment is no longer a legal requirement for health and social care settings, although vaccination is still encouraged, and the new guidance set out ways to support providers with this.
 - Recommendations for the use of PPE remain broadly unchanged for the care sector and it was announced that PPE will continue to be free until the end of March 2023 or until guidance is substantially amended.
 - Testing also remains available for staff in care settings and residents on admission and to manage outbreaks.

2.2 Bringing health and care together

- 2.2.1 The health and social care system felt the impact of the Omicron variant alongside the usual winter pressures and the council's social care teams worked hard to keep the system safe and deliver high quality services to residents. This included supporting an increased number of residents to leave hospital with care and support. In this quarter the social work teams facilitated **1,552** discharges with care and support – either returning home or to a care home. In total, this year 5,591 residents were discharged home with care and support

(via pathway 1) and 720 were discharged to residential and nursing placements (pathway 3), 6,311 in total.

2.2.2 The pilot of a new model of community based multi-disciplinary team support for people with dementia and their carers in primary care network 5 (covering Golders Green, Hendon, Brent Cross, Childs Hill and West Hendon) has now come to an end. Moving into 22/23, this model of dementia support will be absorbed into the multi-disciplinary team (MDT) approach to frailty, to include input from a specialist dementia nurse, a voluntary sector dementia advisor and the council's specialist dementia support team. The frailty MDT continued in this quarter and in the first quarter of 2022/23, will be rolled out across the whole of the borough.

2.2.3 We have been developing a health improvement and prevention approach to address health inequalities in BAME communities, building on work initiated through the Covid 19 vaccination programme. Cardiovascular disease prevention has been identified as a key area of short-term focus, with an emphasis on building trust in the community & reaching targeted high-risk populations to reduce the equality gaps.

2.2.4 Key performance indicators for this priority monitor demand coming from hospital pathways into social care and the cumulative number of clients with joint funding (excluding s117 mental health cases) arrangements with health. These are local measures based on the national discharge to assess health and care pathways established in 2020-21.

| Indicator | Polarity | 20/21 EOY | 21/22 Target | Q4 21/22 | | Q4 20-21 | Benchmarking |
|--|----------|-----------------------------------|-----------------|--------------------------------------|-----|----------|------------------------|
| | | | | Result | DOT | Result | |
| Total number of Hospital discharges in the quarter enabled by the integrated discharge team | - | 3,876 (partial year recording) | No Target | 2,607 | | 1,368 | No benchmark available |
| Adults discharged with support from adult social care (pathway 1 or 3) | - | 2,086 (partial year recording) | No Target | 1,552 (6,311 P1 and P3 full year) | | - | No benchmark available |
| Number of clients with Joint Funding (excluding s117 mental health cases) arrangements with health | - | 351 | No Target | 367 | ↑ | - | No benchmark available |

2.3 Supporting residents to maintain their strengths and independence

2.3.1 The council's adult social care service has focused on supporting independent living using a strengths-based practice model for many years. The new corporate plan re-affirms this commitment.

2.3.2 Development of the two new extra care schemes continued during quarter four. Atholl House in Burnt Oak is due for completion in January 2023, and Cheshire House in Hendon is due for completion in March 2024.

- 2.3.3 Mobilisation of the new accommodation and support providers took place during this quarter, for go live from 1st April 2022. The procurement activity has increased provider capacity in the borough and further diversified our accommodation and support offer. We expect to see enhanced outcomes for residents as we monitor delivery against the new service specifications.
- 2.3.4 We have been working with family services to make improvements in the transition pathways for young adults with learning and complex disabilities. These are making the experience for residents and their families smoother and more coherent. This has included workshops with staff to generate improvement ideas and the introduction of new practice forums. Engagement activities with young adults and their families are being planned to coproduce improvements to the process.
- 2.3.5 Work with Barnet Mencap through the Bright Futures contract continued throughout quarter four, providing telephone well-being checks with people with learning disabilities who live alone or with older parents or carers, ensuring access to their employment and community activities.
- 2.3.6 Work recommenced with partners to prepare for the introduction of the Liberty Protection Safeguards that were planned to come into force in April 2022, but these have now been delayed. The national consultation on the new code of practice has commenced and the council is working with partners to submit a response for the Barnet system. Implementation is not expected until April 2023 at the earliest.
- 2.3.7 As in 2020/21, there have been a significant number of adults leaving hospital with complex health and care needs that require the support of a care home. This has led to a small increase in the rate of admissions to residential and nursing care for older adults (though a reduction was achieved for younger adults). Work is ongoing to ensure that people are able to return to their own home wherever possible, even after a short stay in a care home.
- 2.3.8 This year the council has further developed the reablement offer and now all clients discharged from hospital requesting social care support are offered a reablement service (a short-term service to maximise independence) for up to six weeks giving them support in the recovery period. This has resulted in positive outcomes for service. In total 1,859 reablement episodes were provided (an increase of 85% compared to previous years 1,002 episodes) of which 62% of clients did not need any further support and a further 20% required decreased support of care provision.
- 2.3.9 In support of our prevention agenda and maximising independence, the council works hard to promote the use of assistive technology and equipment. At the end of Q4, the following numbers of residents were supported:

| Assistive technology | Q4 (Jan - Mar 2022) | Full year 21/22 |
|---|---------------------|-----------------|
| Installations | 441 | 1,798 |
| Total number of live connections | n/a | 3,722 |
| Total number of cumulative installations from the start of the contract | | 6785 |

| Community Equipment | Q4 (Jan - Mar 2022) | Full year 21/22 |
|---------------------------------------|---------------------|-----------------|
| Items of equipment delivered | 8,293 | 33,255 |
| Number of residents receiving support | 2,064 | 6,316 |

2.3.10 There are 9 Key performance indicators for this priority, which are a combination of 5 local measures and 4 national measures from the Adult Social Care Outcomes Framework (ASCOF).

| Indicator | Polarity | 19/20 EOY | 20/21 EOY | Q4 21/22 | | Q4 20-21 Result | Benchmarking 2019-20 |
|--|-------------------|-----------|-----------|----------|-----|-----------------|---|
| | | | | Result | DOT | | |
| Numbers of shared lives carers recruited | Bigger is Better | - | 4 | 9 | ↑ | - | No benchmark available |
| Number of permanent shared lives placements | - | - | 3 | 3 | → | - | No benchmark available |
| People provided with information, advice and guidance | Bigger is Better | 3,087 | 3,639 | 3,373 | ↓ | 3,639 | No benchmark available |
| Total Number of clients who received reablement services in the year from both hospital and community routes | Bigger is Better | 568 | 1,002 | 1,859 | ↑ | 1,002 | No benchmark available |
| Percentage of safeguarding contacts leading to S42 safeguarding referrals | - | 23.4% | 24.3% | 29.6% | ↑ | 24.3% | No benchmark available |
| Adults with learning disabilities who live in their own home or with their family | Bigger is Better | 80.0% | 82.2% | 82.5% | → | 82.2% | CIPFA Neighbours 75.7% London 77.7% England 78.3% |
| Adults with learning disabilities who are in paid employment | Bigger is Better | 8.4% | 8.4% | 8.9% | ↑ | 8.4% | CIPFA Neighbours 6.9% London 6.1% England 5.1% |
| Permanent admissions to residential and nursing care homes, per 100,000 population age 65+ (c) | Smaller is Better | 502.6 | 502 | 514 | ↑ | 502 | CIPFA Neighbours 332 London 371 England 498.2 |
| Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 (c) | Smaller is Better | 16.7 | 14.6 | 10.6 | ↓ | 14.6 | CIPFA Neighbours 8.9 London 9.9 England 13.3 |

2.4 Focusing on Mental Health and wellbeing

2.4.1 During Q4 the Council's mental health social work teams have worked closely with Barnet, Enfield and Haringey Mental Health Trust (BEH) to ensure models are in place for effective working in the community and to support hospital discharge. The clearer roles for social

workers and health practitioners established earlier in the year have been embedded with a clear focus on working in an integrated way, but for each professional to fulfil their unique role. This approach supports a person-centred service, clearer and quicker pathways for adults and younger people and strengthens the prevention and recovery model.

- 2.4.2 We remain committed to continuing the partnership work we have established with our key stakeholders in health, housing, the voluntary and community sector and with other partners - ensuring that the residents we work with benefit from a multi-disciplinary approach that addresses their needs holistically and supports achievement of the best outcomes possible. This ethos of partnership working and the important role that wide-ranging partners play in supporting Barnet residents with their mental health will be cemented into a Barnet Borough Partnership Mental Health Charter in 2022/23.
- 2.4.3 The Network continue to provide a strength based, recovery model service for people and have developed carers and men's groups. During the pandemic the number of carers supporting a relative with a mental health issue who were struggling became evident thus the need to provide the support. The mental health service in adult social care and relevant teams in family services have been actively working together to improve the transition pathway for young people. This work has included regular joint meeting, an agreement to engage at an earlier stage with young people, and continual involvement in the early help and transition panels.
- 2.4.4 There has been an increase in demand for Mental Health Act assessments which has put additional pressure on the Approved Mental Health Professional (AMHP) service. There are plans to review the workforce model for the team to ensure we can continue to meet our statutory needs. A comprehensive workforce development plan has been put in place to support the mental health professionals. This includes putting further social workers through AMHP training in 2022.
- 2.4.5 Improving our holistic care and support offer for adults with dementia and their carers remains a priority area and a new borough-wide dementia strategy will be coproduced in 2022/23. The Council's new contract for community dementia services being delivered by Age UK started in April 2021 and is performing extremely well. In Q4 final arrangements were made for the service to expand into a second location – a Council-owned property in Hendon. This will increase the capacity and geographic footprint of the service.
- 2.4.6 The multi-agency Barnet Dementia Friendly Partnership continues to meet regularly to drive forward work towards accreditation as a dementia friendly borough by Spring 2023. Key priorities include increasing the number of trained 'dementia friends' and working with arts and leisure venues to be more dementia confident. This work reflects Barnet's ongoing commitment to the objectives of the Dementia Manifesto for London, published by the Alzheimer's Society in 2014.
- 2.4.7 The council currently has two cohorts of student social workers on the Think Ahead programme – a nationally co-ordinated graduate scheme specifically for mental health social workers. This has again brought several very high calibre practitioners into Barnet who will move onto social work contracts in the summer of 2022.

2.5 Greater facilities and opportunities to be physically active

- 2.5.1 The service has worked extensively with partners, stakeholders and community groups to coproduce a new Fit and Active Barnet Framework (FAB) (2022-2026), which was approved by the Adults and Safeguarding Committee on 7th March 2022.
- 2.5.2 The Framework is supplemented by a FAB Action Plan (2022/23) which has been developed in collaboration with members of the FAB partnership. It identifies a series of actions to achieve the vision of 'a more active and healthier borough'. This high-level plan will be further developed over the course of the year and will be refreshed annually
- 2.5.3 In respect of the Councils leisure management contract, the service continued to monitor the recovery and progress the service delivery plan for 2022/23. Consequently, the partnership has recovered to 10,135 live pre-paid members, representing 3394 positive movement year on year and a return to 91% of the previous highest membership level.
- 2.5.4 All centres contributed to the positive recovery. However, Finchley Lido and New Barnet experienced the highest positive movement. Swimming lessons also had a strong return over the contract year reaching 99% of the level reached in March 2020.
- 2.5.5 From April 2021 to March 2022, Barnet generated £6,443,604 in social value through the leisure centre services, averaging £103 per person, measured using the new Sheffield Hallam University Model.
- 2.5.6 The council worked in partnership with the charity Activity Alliance, Swim England and the London Marathon Charitable Trust to develop the 'Delivering an Excellent Service for Disabled Customers' for frontline staff in the centres, to further support them to support people with disabilities.
- 2.5.7 In February 2022 Finchley Lido and New Barnet Leisure Centre completed their QUEST assessments (the leisure industry accreditation system), where scores of "very good" and "excellent" were respectively achieved. In March 2022, Hendon and Burnt Oak Leisure Centres completed their QUEST assessments, each achieving a score of "very good". All centres presented a significant impact to the community through projects, outreach events, and opportunities. The QUEST assessors provided positive feedback, noting the availability of a variety of opportunities for the local community to engage and participate in physical activity.
- 2.5.8 At the end of Q4 the Council also completed a legal and contract review with GLL, assessing the financial and non-financial performance of the contract. This has resulted in an updated Annual Payment Profile and future delivery plan which considers the impact of the pandemic.

2.6 Your Choice Barnet (YCB) performance indicators

There are 11 indicators, 10 of which are rated Red, Amber or Green. Of the 10, eight (80%) are rated Green with one (10%) Amber and one (10%) Red.

| | Measures | Q4 2020/21 | Q4 2021/22 | Target (qtr.) |
|------|--|-------------------------|-------------------------|----------------------------|
| 1.1 | No. of additional service users in employment for 2 hours or more | 2 | 0 | 8 |
| 1.2 | Number of service users supported to retain employment | 5 | 5 | 7 |
| 1.3 | % of supported living tenancies that breakdown during reporting period | 0% | 0% | 0% |
| 1.4 | % of service users in respite with a return to home plan and service end date. | 100% | 100% | 99% |
| 1.5 | Service Users moved on from a service level to a lower service level | 1 | 21 | 5 |
| 1.6 | % Staff that are in date with YCB's staff training programme | 100% | 95% | 95% |
| 1.7 | % Staff that are in date with their specialist accredited training programme | 100% | 96% | 95% |
| | | Q1-4 2020/21 | Q1-4 2021/22 | Target (yearly) |
| 1.8 | Number of Safeguarding Concerns reported | 25 | 24 | Tracking |
| 1.9 | % of services rated good or outstanding by the Care Quality Commission at the most recent inspection | 71% | 100% | 100% |
| 1.10 | Number of unresolved complaints | 0 | 0 | 0 |
| 1.11 | Customer satisfaction | 83.2% | 92.4% | 80% |

The service has been unable to support any additional people into employment due to the impact of Covid. This is now being reviewed, with discussions around partnership working with BOOST underway to increase opportunities for people.

2.6.1 There are 5 people supported by YCB who have retained their employment during Q4, which is below the target of 7, however this has been consistent over the past 12 months.

2.6.2 No supported living tenancies have broken down during the period.

2.6.3 All service users at the respite service have plans in place.

2.6.4 21 people have decided during the past year that they no longer need their day centre service.

2.6.5 95% of YCB staff have completed mandatory training and their refresher training is in date.

2.6.6 96% of YCB staff have completed specialist training.

2.6.7 YCB reported 24 safeguarding concerns during 2021/22, none of which were escalated to a section 42 enquiry.

2.6.8 There are six YCB Care Quality Commission regulated services and the current ratings are as follows:

Supported Living Outstanding

Valley Way Good

Enablement Good

The following services were all inspected during 2021/22

Meadowside Good (Inspected Nov 2021)

Dell Field Court Good (Inspected Dec 2021)

Ansell Court Good (Inspected Mar 2022)

2.6.9 There were no unresolved complaints at the end of Q4 and Overall customer satisfaction has increased from 83.2% up to 92.4%

3 BUDGET FORECASTS

3.1 The final outturn position for the Adults and Safeguarding Committee's service areas of adult social care and leisure is £113.682m. Of this, £6.571m is the impact of Covid 19, leaving an overspend of £4.245m at Q4.

Final outturn (Q4 2021/22)

| Service Area | 21/22 Budget | Final Outturn | Variance (under)/over | | Reserves (applied)/contributed | Covid Impact £000 | Revised Variance (under)/over | |
|---|----------------|----------------|-----------------------|-------------|--------------------------------|-------------------|-------------------------------|--------------|
| | £'000 | £'000 | £'000 | % | £'000 | £'000 | £'000 | % |
| ASC Prevention Services | 2,709 | 2,541 | (168) | -6.2% | | 0 | (168) | -6.2% |
| ASC Workforce | 18,080 | 17,844 | (236) | -1.3% | | | (236) | -1.3% |
| <i>Non-placements Covid Commitments</i> | 0 | 1,886 | 1,886 | 0.0% | | 1,886 | 0 | 0.0% |
| Sub-total | 20,789 | 22,271 | 1,482 | 7.1% | 0 | 1,886 | (404) | -1.9% |
| Placements Budget | | | | | | | | |
| Integrated Care - LD | 29,398 | 29,250 | (148) | -0.5% | | 0 | (148) | -0.5% |
| Integrated care - MH | 9,422 | 8,248 | (1,174) | -12.5% | 783 | 0 | (391) | -4.1% |
| Integrated Care - OA | 35,513 | 39,830 | 4,317 | 12.2% | | | 4,317 | 12.2% |
| Integrated Care - PD | 10,037 | 10,924 | 887 | 8.8% | | 0 | 887 | 8.8% |
| <i>Placements Covid Commitments</i> | 0 | 2,842 | 2,842 | 0.0% | 0 | 2,842 | 0 | 0.0% |
| Sub-total | 84,370 | 91,094 | 6,724 | 8.0% | 783 | 2,842 | 4,665 | 5.5% |
| Adults Social Care Total | 105,159 | 113,365 | 8,206 | 7.8% | 783 | 4,728 | 4,261 | 4.1% |
| Leisure | -1510 | 317 | 1,827 | -121% | 0 | 1843 | (16) | 1% |
| Tota; Adults & Leisure | 103,649 | 113,682 | 10,033 | 9.7% | 783 | 6,571 | 4,245 | 4.1% |

Final costs relating to the financial impact of Covid are as per below, as set out in the March 2022 return to the Department for Levelling Up, Housing and Communities (DLUHC). The table below details the main spend areas in response to Covid and reconciles to the 'Covid impact' column in the revenue forecast table above.

| Service Area | Covid-19 Impact £'000 | Category |
|-------------------|--------------------------|----------------------------------|
| Adult Social Care | 1,886 | Workforce |
| | 1,418 | Placement - voids |
| | 781 | Support to the Care Market |
| | 643 | Placement - unachievable savings |
| Sub-total | 4,728 | |
| Leisure | 1,843 | Leisure SPA Income Pressure |
| Sub-total | 1,843 | |
| | | |
| Total | 6,571 | |

3.1 Factoring in the additional government funding given to Councils, ASC is now showing an overspend equivalent to 4.1% of the budget. Overspends in placements are primarily due to continued demand increases in community settings. Costs associated with scheme 2 and scheme 3 of the national hospital discharge process are confirmed at £1.9m which is being recouped from the CCG.

3.2 The service has seen an increase in demand, largely from people being discharged from hospital in larger numbers and with more complex needs. This is in excess of the volumes used in the model to set the 21/22 budget. There has been an increase of approximately 21% in homecare commissioned hours from the period used to set this year's budget with demand for residential and nursing placements returning to pre-pandemic levels.

3.3 The Leisure, Sports and Physical Activity budget overspent by £1.827m, of which £1.843m was due to the continued loss of planned surplus income caused by the mandated closure of centres during the initial stages of the pandemic. This cost has been covered by the application of central government funding, leading to a balanced position for leisure.

3.4 The **Capital outturn position** for areas within the committee's remit is **£3.439m**, this reflects a £1.107m underspend variance reported position at Q4.

Capital Outturn (Q4 2021/22)

| Capital Programme Description | 2021-22 M12 Budget | 2021-22 M12 | Variance |
|--|-----------------------|----------------|---------------|
| | £'000 | £'000 | £'000 |
| Sports and Physical Activities | 93 | 57 | -36 |
| Community Equipment and Assistive Technology | 1,000 | 526 | -474 |
| Investing in IT | 379 | 174 | -205 |
| Disabled Facilities Grant Programme | 3,074 | 2,682 | -392 |
| Adults Total | 4,546 | 3,439 | -1,107 |

- The Sports and Physical Activities final outturn of £0.039m underspend. This allocation has incurred £0.408m of slippage during the year due to anticipated works on Playing Fields, which is to take place next year.
- Mosaic 'Investing in IT' budget funds the continuation of phase 2 and was underspent at P12 by £0.205m. This figure is flagged for deletion as no longer required to meet any future commitments.
- Community Equipment spend is incurred in revenue initially, a review of the final year's activity indicated costs that were available for capitalisation. The overall outturn position resulted in an underspend of £0.474m. This amount is to be profiled over future years' budgets.
- Disabled Facilities Grant - final year end underspend of £0.391m. Delayed spend from 2020/21 has been re-profiled over the next two financial years.

3.7 Debt Recovery

Debt which relates to adult social care residential placements and community care packages arises when individuals are financially assessed as being able to contribute to the costs of their care and support, but the contributions have not been paid. Most individuals do pay their contributions and the council typically receives around £12-14 million each year in financial contributions. The council has initiated a dedicated project to reduce the current level of debt, improve the active management of debt and prevent future debt.

We have identified a range of reasons for the build-up of debt, which include not routinely using direct debit to support regular payments, the need to improve information flows between Mosaic (case management system) and Integra (finance system) and the fact that cases can be very complex, especially when there are no formal arrangements for the management of an individual's financial affairs.

At the end of Q4, care contribution debt was £9.635m. This represents an increase of 13% from Q3 £8.359m.

The table below shows the aged debt profile.

| | Sum of overdue balance | Sum of 0-90 days | Sum of 90-180 days | Sum of 180-365 days | Sum 1-2 years | Sum of 2 years+ |
|------------|------------------------|------------------|--------------------|---------------------|---------------|-----------------|
| Total Debt | £9,635,487 | £1,944,034 | £1,255,612 | £1,517,965 | £1,915,694 | £3,032,182 |

The project has been working to improve the interface between Mosaic (Adult's case management system) and Integra (Finance system), so we are able to more confidently reconcile and report on financial data. The reports help us understand the aged debt categories, so we can focus and monitor the actionable debt.

Of the £9.635m:

- £581k is statute barred, or older than 6 years, and is in the process for being written off.

- £919k is deceased client debt over three years old which can be very difficult to collect, therefore the debt team is exploring options with legal and accounts receivable team, considering cost/benefit and appropriateness for recovery.
- £2.424m of the debt is secured via a deferred payment agreement (DPA). A DPA is an arrangement with the council that enables people to use the value of their homes to help pay care home costs after their deaths. This process is referred to HBPL to secure the debt via a charge with land registry and issue the DPA. The team is working to confirm debts are secured and improve the timely processing and tracking of these arrangements.

This leaves an actionable debt balance of c. £5.7m which can be broken down into the following categories.

| Debt Category | Total Amount |
|--------------------------------|--------------|
| Deceased Client (last 2 years) | £948k |
| Appointeeship* | £91k |
| Appointeeship Deceased | £49k |
| Deputyship* | £105k |
| Deputyship Deceased | £48k |
| Unsecured Debt | £4.474m |

*Appointeeship: The DWP will appoint LA to act as someone's appointee if the person's primary income is from benefits with low level financial assets and no other sources of income.

*Deputyship: The Court of Protection can appoint the LA to act as Deputy for someone who lacks mental capacity to manage a person's property and financial affairs.

Payment plans via direct debit are a key intervention to prevent debt. Over the next quarter, the project team will be focussing its resource and working closely with Accounts Receivable Team to set up direct debits and explore, for all new financial assessments, how to secure direct debits from the start of the person's care.

Although we have a duty to collect all social care charges, we also recognise that some customers will have financial and other difficulties that are not limited to paying social care charges. The debt recovery team are versed in this conversation and offer information, advice and support as appropriate, with decisions on action to be taken being made after careful consideration of individual circumstances.

The table below shows the financial benefit of the debt project to date.

| Financial Benefit | Amount |
|--------------------------------|-------------------|
| Individual Debt Repaid | £645,598 |
| Debt Recharged to Health | £66,464 |
| Credits (Invoices Adjusted) | £292,009 |
| Write Off | £124,323 |
| Debt Avoidance | £257,361 |
| Total Financial Benefit | £1,385,755 |

4. SAVINGS

4.1 The total amount of savings identified for A&S Committee for 2021/22 is £1.716m. Savings had previously been reviewed and risk assessed, with the final position at year end being reported as per below:

| Line Ref | Description of Savings | 2021/22 | Comment |
|----------|--|---------------|---|
| | | £'000 | |
| A&S8 | Leisure VAT efficiency | -124 | Impacted by Covid |
| A&S9 | Leisure - over delivery against projected income. | -747 | Impacted by Covid |
| A&S 21 | OAPD - strength based approach to care reviews. | -160 | Impacted by Covid. Some progress has been made. |
| A&S22 | LD - support for working age adults. | -325 | |
| A&S25 | Charging - increase in hourly homecare rate | -60 | |
| A&S27 | Reablement - maximising impact of offer. | -200 | |
| A&S31 | Prevention - front door offer | -100 | |
| | | -1,716 | |

5. REASONS FOR RECOMMENDATIONS

5.1 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 Delivery Plan.

6. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

6.1 None.

7. POST DECISION IMPLEMENTATION

7.1 None.

8. IMPLICATIONS OF DECISION

8.1 Corporate Priorities and Performance

8.1.1 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 Barnet Plan and Annual Delivery Plans.

8.1.2 Relevant Council strategies and policies include the following:

- Medium Term Financial Strategy
- A&S Committee Delivery Plan
- Performance and Risk Management Frameworks

9. RESOURCES (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)

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

10. SOCIAL VALUE

10.1 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.

11. LEGAL AND CONSTITUTIONAL REFERENCES

11.1 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.

11.2 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.

11.3 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.

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

12. RISK MANAGEMENT

12.1 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

| Risk description | Risk Mitigations and Q3 Update |
|--|--|
| <p>AC001 Finances: Uncertainty about future demand for services, increasing complexity and cost of care packages, legislative changes and, specifically related to COVID, the availability of funding streams, reimbursements, on-going support, and future waves could lead to a worsening budget overspend for the service resulting in insufficient resources to meet statutory obligations and a deterioration in the council's overall financial position. Risk Rating: 16</p> | <p>The Council's budget management process forecasts demographic growth and pressures over a multi-year period. Budget and performance monitoring and management controls are used throughout the year including monthly analysis and budget monitoring.</p> <p>The MTFS to 2024 is set and adult social care will continue to undertake initiatives focused on reducing and managing future demand.</p> |
| <p>AC016: Funding and sustainability challenges facing the voluntary sector could lead to a reduction in the capacity of the Borough's preventative services resulting in adults being without the appropriate services and an increase in demand for more intense,</p> | <p>To mitigate risk and ensure a coordinated and joined approach with the VCS in response to Covid 19, a community infrastructure programme was established in conjunction with Barnet Together in the early stages of the pandemic alongside a grant funding and sustainability programme lead through</p> |

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| <p>longer and more expensive care and support services over time. Covid 19 has presented further risks to the VCS in regards to financial sustainability and increased demand for support.</p> <p>Risk Rating: 12</p> | <p>strategic sector partners. This has now been placed on an even more stable foundation through a 5 year commitment to the alliance model with a substantial annual investment agreed at Policy and Resources committee in July 2021.</p> <p>The Barnet Together Alliance is a long-term, cross sector partnership with the council, which increases development and capacity building support for the sector, enabling the borough to strengthen, innovate and thrive. The partnership will help to create and deliver more borough-wide services and opportunities, based on real partnership and active collaboration meetings with key providers to promote joint working and manage risks.</p> <p>Alongside this, there is continued investment though the Barnet Borough Partnership into the council administered Community Innovation Fund to support VCS organisations to innovate and try new approaches, coupled with a longer term offer to support securing ongoing funding through shared insight and expertise from partners.</p> <p>The prevention and wellbeing team is also increasing its reach and capacity to continue to ensure regular communication is occurring with the wider VCS and look at opportunities to work jointly together.</p> |
| <p>AC002 Failure of a care provider: A care provider suddenly being unable to deliver services could lead to HSE breach, harm to individuals resulting in a violation of statutory duty and financial consequences. This risk covers both quality and financial risk to care providers.</p> <p>Risk Rating: 12</p> | <p>For all contracted services due diligence is undertaken at the start of each contract to ensure quality and sustainability of providers. Regular contract monitoring is undertaken with providers and financial health and sustainability risks are also monitored. Care Quality advisors support homes through best practice support and supporting staff development. If issues are identified, then there is a clear provider concerns process to assess risk to individuals and support improvement. There is also a clear provider failure / closure approach to manage closure of homes and the safe transition of individuals if required.</p> <p>However, the risk remains that a provider could fail either on financial or capability grounds.</p> <p>There are currently no care homes rated 'inadequate' in Barnet, so the risk of the latter does not currently</p> |

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| | <p>feel marked. The Care Quality team continue to visit providers routinely to quality assure services.</p> <p>We will shortly be conducting a 'fair cost of care' exercise for care home and home care services which will help us appraise whether there are any providers at immediate risk of financial failure.</p> |
| <p>AC008 Safeguarding demand: Insufficient staff in post who are effectively trained/managed or if demand/complexity rises significantly could lead to non-adherence with policies and procedures (specifically safeguarding within the Care Act and London-wide safeguarding policies and procedures) resulting in harm to vulnerable persons.</p> <p>Risk Rating: 12</p> | <p>Quality assurance framework in place to manage staff training, practice forums, case file audits etc. Safeguarding cases are reviewed on a daily and weekly basis by the heads of service. Senior management review weekly. The Safeguarding Adults Board (multi-agency) meets regularly and monitors performance through its PQA framework. Tools are available to support practitioners (e.g., recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process.</p> |
| <p>AC0044 Leisure: The performance of the leisure operator to deliver against contractual obligations and commitments could lead to the health and wellbeing priorities not being fulfilled resulting in possible consequences to service delivery, operations and finances. Risk Rating 12</p> | <p>The leisure contract continues to be monitored in alignment with the Performance Management Framework to ensure delivery against obligations / commitments and targets are met.</p> |

13. EQUALITIES AND DIVERSITY

- 13.1 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.

13.2 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.

13.3 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.

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>

14. BACKGROUND PAPERS