Adult Social Care

London Borough of Barnet

Self-Assessment

CQC Assurance Framework

BARNET
LONDON BOROUGH

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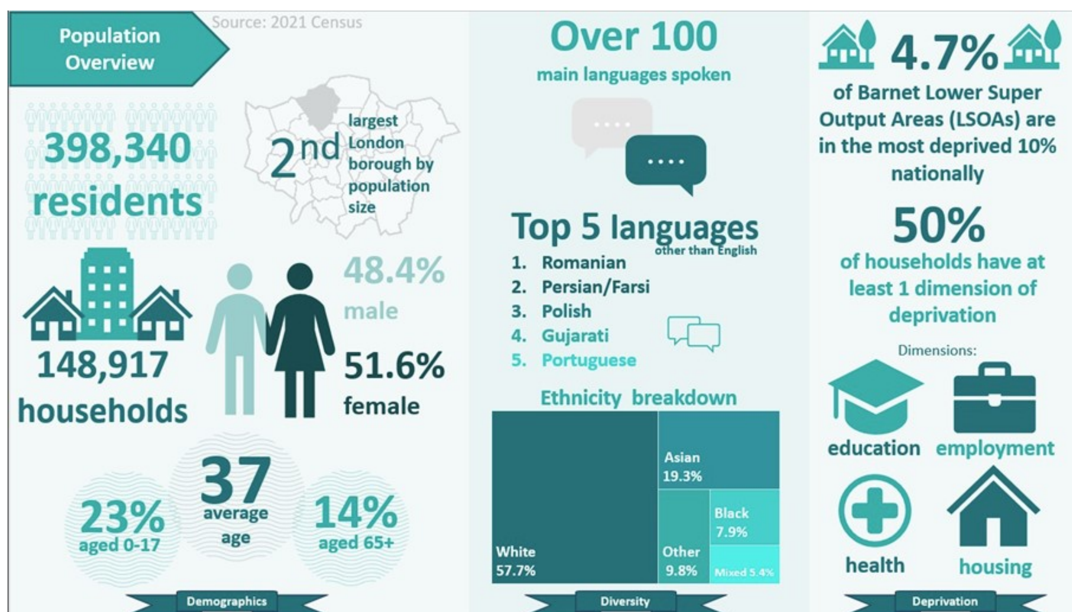
About Barnet

Barnet is London's second largest of the London boroughs by population, home to 389,000 people. But despite its size, the borough retains a strong local community feel. Each of the 30 town centres has its own distinct identity and character. Nearly half of our residents were born in another country, and more than 90 languages are spoken in our primary schools. Creating places that celebrate our proud, diverse heritage is therefore a real priority as we deliver one of the most ambitious growth agendas in the capital. The 26,000 businesses, and 1,000 charities in the borough add to its diversity, a place where people feel welcomed and celebrated.

According to the 2021 Census, Barnet's diverse population is comprised of 57.7% from a White background, 19.3% from an Asian background, 7.9% from a Black background, 5.4% from a mixed background and 9.8% from other ethnic groups. Jewish people make up 14.5% of the population in Barnet, making this the largest Jewish population of any local authority area in the UK and 12.9% more than the London average.



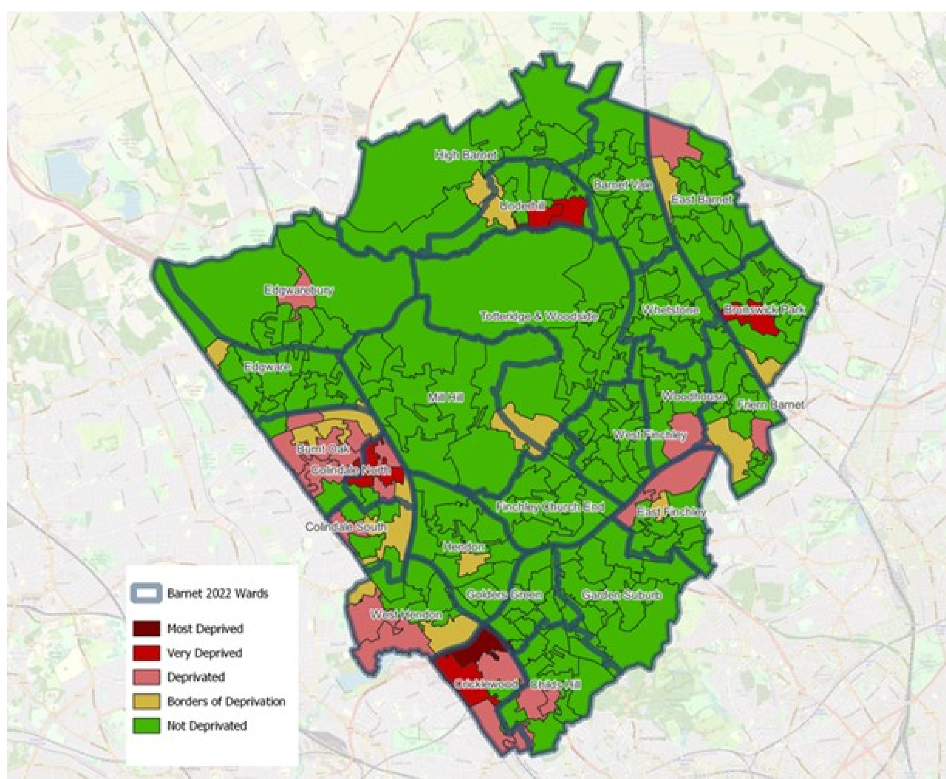
Our overall population has increased by 9.2% since the 2011 Census compared to a 7.6% increase in London and 6.6% nationally. This population growth was highest in those who are older with an increase of 18.3% of people who are aged 65 years and over. Barnet has a greater proportion of people aged over 65 and 1 in 10 residents in Barnet is aged 75+.

Other notable changes in our population between the 2011 and 2021 Census include: individuals that identified as White British declined; individuals that identified as 'any other ethnic group' increased; individuals that described themselves as having 'no religion' increased to 20.2% (from 4.1% in 2011); and individuals that described themselves as 'Christian' decreased by 4.7% to 36.6%.

Overall life expectancy for both males and females in Barnet continues to grow and is higher than the average for England. When compared to the London age standardised average in the 2021 Census, 1.9% more of Barnet's population considered themselves to be in very good or good health and 0.7% less of Barnet's population considered themselves to be in bad or very bad health than the London average.

However, we know that for some residents, health, social and economic inequalities limit the opportunities available to lead a good life:

- Healthy life expectancy in females is higher than the average for London and England but for males it is lower and Barnet residents spend their last 18-19 years in poor health (18.4 for females and 19.1 for males).
- 12.8% of Barnet's population are disabled under the Equality Act (2010), with their day-today activities being limited a little (7.1%) or a lot (5.7%).
- Barnet supports a greater rate of individuals with a primary support reason of Learning Disability Support, with 315 per 100,000 compared to the London average of 282 and a CIPFA average of 290 (source: Short and Long Term (SALT) return).
- 7.9% of Barnet's population provide unpaid care. Barnet has the second highest percentage of its population providing 19 hours or less unpaid care per week (4.5%) of all local authorities in London which has a 3.8% average.
- While Barnet is ranked 117 out of 152 local authorities in England on overall deprivation and is ranked 100 out of 152 local authorities on income deprivation, the model-based unemployment rate highlights that 5.5% of economically active residents aged 16 or over in Barnet are unemployed, compared with 3.8% nationally and 4.8% in London. The overall deprivation figures mask pockets of deprivation, as can be seen in the map below.



Our Plan for Barnet 2023-26 sets out our ambitions for Barnet. The plan focuses on fighting inequalities, reducing poverty, living well, and celebrating our diversity as well as creating thriving places, protecting the local environment, and achieving our net zero goals. Our Plan recognises that the only way we can meaningfully achieve this vision is by becoming an engaged and effective council, giving residents, our communities, partners and voluntary, community, faith and social enterprise sectors more power and resources, supported by a strong public sector ethos.

This partnership approach extends to our Health and Wellbeing Strategy to improve the health and wellbeing of our residents and tackling health inequalities.

About Adult Social Care in Barnet

Our Plan for Adult Social Care is our strategic plan for adult social care in Barnet, setting out our vision and action plan for the next five years. To develop this Plan, we spoke to many people drawing on care and support, families and carers, care staff, and experts. We engaged with over 300 people with lived experience through surveys, focus groups and community visits. The priorities and actions are also built on people's feedback over recent years, data, and insight. Our Plan for Adult Social Care sets out our five priorities:

1. We will be ambitious about what people can achieve and get the right support for everyone.
2. We will support people to live well and be part of communities.
3. We will work with people to shape and develop care and support.
4. We will work towards more equal access, and more inclusive services.
5. We will be realistic in how we use resources, keeping up with changes and ways of working, and being creative with finding solutions.

Our priorities are built on our four pillars of prevention, co-production, choice and control, and equalities.

Our strengths

Through our self-assessment and reviewing our evidence, data, and feedback from people, there are areas where Barnet delivers strong outcomes for our residents and support for our staff:

- We perform well on national performance measures that demonstrate choice, control and promoting independence for our residents.
- We have a comprehensive, best practice approach to co-production and engagement. We regularly seek and act upon feedback from residents with lived experienced of care and support.
- Independent case audits routinely tell us that ‘high standards are embedded’ in our social work and occupational therapy practice (source – independent audit feedback spring 2024) and that assessments, and care and support plans are strengths based, personalised and tailored to the needs of people and carers.
- We have a strong approach to practice quality assurance and improvement.
- Our new programme of surveys of people at the end of assessments, care and support planning and reviews shows that overall satisfaction with the assessment and care planning process is high at 93%.
- We have a comprehensive prevention and information & advice offer, both commissioned and delivered through our Prevention and Wellbeing team.
- We have good understanding of the availability, quality, and diversity of care provision, and have high quality, diverse and sustainable market capacity in Barnet.
- We were one of the first councils to set up a dedicated Care Quality team that pro-actively works to support and shape the care market, supporting providers to deliver better care for our residents.
- Our sub-regional partnership work through the North Central London (NCL) programme has strengthened social care and integration across the sub-region and has been nationally recognised (winner of the Health and Social Care category, Local Government Chronicle Awards 2021).
- We are committed to maintaining a supportive, open culture and good staff retention rates.
- Our leaders are actively engaged in both sector-led improvement and local system development work to make the borough a better place to live for people with care and support needs.
- We have close and effective partnerships with our local system, including the voluntary & community sector and the NHS.

Key issues and areas of focus

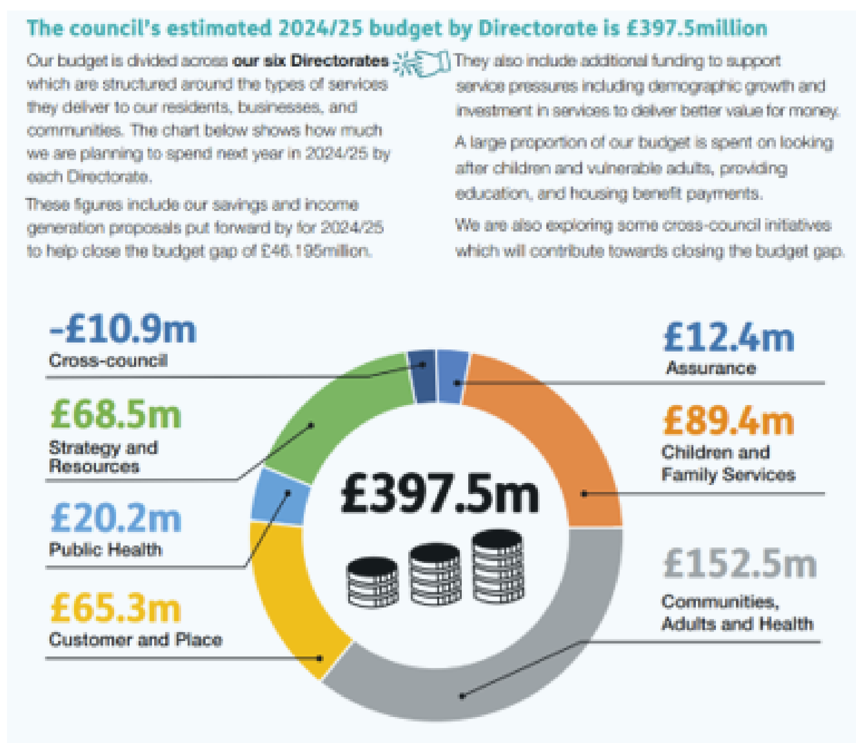
We recognise that while we have strengths, there are areas where we need continue to improve our services. Our key priorities are:

- Reducing the numbers of people waiting, and length of time they wait, for assessments, reviews and Deprivation of Liberty Safeguards, through a programme of targeted action.

- Meeting the challenges of increasing need & demand, whilst delivering our medium-term financial strategy in a challenging financial context for Barnet council.
- While we perform well in many ASCOF performance metrics, there are some measures from the national person and carer survey where we perform below average, and we are determined to improve. These include finding information, social contact, and carers feeling included. We have undertaken co-production and mystery shopping in these areas. We are working with partners on borough-wide initiatives to improve information and advice and reduce isolation. We have improved & co-produced our training for staff on carers. This will continue to be a focus in 2024/25.
- Continue to maintain an effective Approved Mental Health Professional (AMHP) and mental health locality social work service in the context of current industrial action, ensuring people with mental health needs are supported.
- Continue to engage with seldom heard and minoritised communities and drive forward our work on equalities and inclusion.

Financial Resources

The Communities, Adults and Health Directorate receives the largest proportion of the council's overall general fund budget at 38%. The directorate includes adult social care, sports and leisure, parks and greenspaces, events, trees and woodlands, and cemetery and crematorium. The adult social care net budget for 2024-25 is £149.252m, having received significant growth in the annual budget setting process. Barnet, like other local authorities, faces significant financial challenges and we have taken steps to manage this, establishing a Financial Sustainability Programme to support us to deliver sustainability for residents.



Performance and demand growth

In 2022/23, 5,445 adults received long term support from adult social care during the year. This has increased each year since 2019/20, whilst national and comparator groups have seen a reduction. 2,090 adults receiving long term support in Barnet were aged 18-64, and 3,355 were aged 65 and over.

- This equates to 8.7 adults per 1,000 aged 18-64 (England average 8.5) and 58.2 adults per 1,000 aged 65+ (England average 51) received long term support during the year.

In 2022/23, 2,205 adults received short term support from adult social care during the year. The proportion of older people (65+) offered reablement services following discharge from hospital was 4.6% in 2022/23, compared to 4.3% in London and 4.1% in our peer group. Positive outcomes for short term services were 76.4% in 2022/23, compared to 73.8% in London and 75.7% in our peer group.

Our analysis tells us that the growth in long term support is linked to increases in the population of people with learning disabilities living in the borough, and demand arising from our ageing population, linked to dementia and unhealthy life expectancy, and changes to hospital discharge since the Covid 19 pandemic. Our internal and independent audit programme checks whether Care Act eligibility is applied correctly and consistently assures us that eligibility is applied correctly and our care is person-centred, strengths based and proportionate. *See IR 31 for more information.*

- As noted above, Barnet supports a greater rate of individuals with a primary support reason of Learning Disability Support. The number has increased by 75% since 2014/15.
- Barnet has the largest number and one of the highest rates of hospital discharges in London. For example, between February – July 2023, 773 Barnet residents were discharged per month from hospital (per 100,000 population). The average from London boroughs was 687.

We perform well in the ASCOF performance metrics that come from our statutory returns with 6 measures in the top quartile and 10 out of 11 in the top 2 quartiles. We perform particularly well on reducing permanent admissions 65+ (rank 19 out of 152 LAs), positive outcomes to short term services (rank 32), the use of self-directed support (rank 1) and supporting individuals with a learning disability to be independent, with 84.9% of adults living independently (rank 58) and 8.9% in paid employment (rank 23). The indicator not in the top two quartiles measures the outcome of short-term services and despite being in quartile 3, we score higher than national regional and per averages.

We perform at or above London average in 5 ASCOF performance metrics that come from our user and carers surveys, and below average on 8 measures in the surveys. We have seen some recent improvements in overall satisfaction levels in the ASCS 2022-23 survey (from 56.5% in 21/22 to 60.4% in 22/23). The survey results relating to safety perceptions show the number of residents indicating that services they receive make them feel safe and secure has increased (from 87.8% in 21/22 to 88.2% in 22/23 and is higher than national, regional and peer averages) since 2021-22. We are continuing to work to strengthen the measures where we perform below average. Please see IR 2 and IR 10 for more information on the work we are doing to respond to key user survey findings, through our Information, Advice and Guidance Offer. Findings from our carers survey results have informed the coproduced and recently launched Carers' Strategy and the coproduced training developed by carers for practitioners leading on carers assessments (please see IR 33).

Self-assessment Theme 1: Working with people

Assessing Needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.

Maria's story

Maria lives with her son Rafael; he was away studying for his master's degree. She has a care package, consisting of carers visiting daily as well as the use of care technology. Carers support Maria with weekly shopping and together they plan the meals for the week and develop a shopping list. Maria recognises the importance of staying fit for her health and well-being and, with the carer she participates in weekly exercise. She also has some support from friends at the church. Maria experiences high levels of pain daily. She tries to do as much as she can on her good days and on her bad days, she stays in bed.

Maria was moved to Barnet by another Local Authority. The Occupational Therapist explored safe ways for Maria to live in the property as it did not meet her needs. The Occupational Therapist along with Maria explored the provision of a level access shower to enable her to access washing facilities safely for herself and her carer. Maria said that with this provision 'she may even be able to wash independently' and was pleased with this idea.

Maria was also provided with a riser recliner, a referral to fire service, given information and advice, provided a hospital bed, and level access to her property.

Maria said that 'Miss XX has been an exceptional OT that knows the needs of her service user. Miss XX is reliable, dependable, understanding, and friendly. I am so very grateful to Barnet Adult Social Care Team. Thank you.'

Areas of strength

Accessible front door to adult social care

People can access care and support services, including by phone, email and online, through our Social Care Direct Team (SCD.) Using a risk-based approach, they work with new contacts and people who do not have an allocated worker. The team provides information, advice, guidance, and signposting to voluntary, community and private organisations. The team ensures the person is offered early support in advance of a full assessment, such as community equipment or reablement. They also ensure the person follows the correct pathway for them and they provide a robust handover to the team who will support the person. In situations where an individual requires urgent care and support, the team will undertake a Care Act assessment and put a support plan in place, within 24 hours. If we find a person may be at risk of abuse, SCD will carry out a risk assessment, and refer onto the MASH team or allocated worker, for them to undertake the safeguarding process. Additional communication requirements are taken into account and all our teams have access to interpreting services and a range of other communication tools (see IR 11 for further details).

Strengths-based, personalised approach

At Barnet, we apply a strength-based, person-centred approach to our social care practice, which ensures we work with everyone in the context of their strengths and what they want to achieve. It enables us to prevent, reduce or delay an adult's social care needs from escalating. Evidence which sets out our approach to strengths-based practice, assessment, care and support planning, and reviews can be found at IR5 and IR31. Our practice approach is person centred and focuses on how residents wish to live their lives. Our most recent external audit report from February 2024 is included in IR31. This found 90% of cases audited were found to meet our high standards for practice. The report sets out that: *"The commitment to achieving high standards in responding to adults and recording has been embedded through ongoing support and development of practice. High standards of recording and practice are the 'norm'".*

Addressing equality, diversity and inclusion at the individual practice level is a core part of what we do, as evidenced through our quality assurance and independent audit programme. EDI principles have been embedded into our workforce development programme and we promote good social work practice that gives careful consideration to the unique characteristics of each individual including their cultural background.

Martin's story

Martin lives in his own flat with his companion dog and supported by a live-in carer. Martin worked in the family restaurant business and trained as a chef. He owned a club and was the agent for a few pop stars. Martin explained that he enjoyed his job; meeting people, socialising, and travelling but due to ill health, he had to retire from work.

Martin explained that he needs to continue to be independent with what he can do because he feels that since he lost his sight, everything has been taken away from him. Losing his sight has been difficult for him to come to terms with. The social worker identified though the assessment that Martin likes to have things done in a particular way and felt he had lost control of this since losing his sight. By recognising this and ensuring that tasks are undertaken in a way that works for Martin, he has regained his sense of control. This has improved his wellbeing and led to improved relationships with carers.

Martin is now in receipt of Direct Payments, managed by him with the support of his daughter. They employed a live-in carer to support with personal care, visit the barber's, go out shopping, attend local appointments, community events, visit friends, maintain a habitable home, prepare meals together, support with needs during the night, and to give emotional support. Martin now has a carer with whom he has a great working relationship, he trusts him, feels comfortable, confident, and safe with him.

'I can't thank xxx enough for her kindness, patience, and care for my father. She was so patient and came back to any questions we had so promptly.'

Effective assurance of our strengths based approach

Our independent social work and OT practice audit programme confirms that our practice is person centred and strengths based. In a recent independent audit, people spoke positively about their social worker and the support they had been getting. Building on co-production with people with lived experience, providers and practitioners, we use a strengths-based suite of Care Act assessment, care & support plan and review documentation that reflects what people told us – to build on their strengths and circle of support, and to reflect their own choice of language. This is supported by an ongoing programme of continuous practice improvement.

We evidence that we are meeting our commitments to high-quality strength-based practice in assessment, support planning and review through a range of mechanisms, as described below. We also use these to ensure we focus on continuous improvement, learning and support for our practitioners:

- Our quality assurance framework and tools: see more detail below in the governance section and also in IR31.

- Performance information: Please see the performance information in the 'About Adult Social Care in Barnet' section above.

- Feedback from people. Co-production and engagement are at the heart of what we do. Our engagement team, practitioners, managers and auditors talk to hundreds of people every year about their experiences of adult social care, so we can hear about what is working well and what could be improved. We survey people at the end of assessments, care and support planning and reviews, and the data shows that overall satisfaction with the assessment and care planning process is high at 93%. Even higher are the measures we use to understand how strengths based our interactions with people are. 97% of respondents reported that they were part of planning care and support in a way that made sense to them and 98% felt practitioners treated them with respect and as an individual.

Other sections of this document detail more ways in which we assure ourselves of practice quality including monitoring feedback in the form of compliments and complaints, supervision, management oversight and workforce development.

Multi-disciplinary care and support
We ensure that care and support is co-ordinated and we work with a wide range of partners and professions including police, fire, housing, health, substance misuse services, community safety, Domestic Abuse services. Professionals work well in partnership with people who draw on care and support through a range of mechanisms., These include:

- Multi-agency risk panel (see Theme 3, safeguarding).
- Frailty multi-disciplinary team - lead by health professionals but open to social care to support individuals living in a care home where their dementia is becoming complex.
- Transitions panel for learning disabilities supporting joint working as part of transition from children to adults' services (detailed in IR 24).
- Transitions panel for mental health supporting and ensuring appropriation transition and support between services (detailed in IR 24).
- Pressure ulcer panel (see Theme 3, safeguarding).
- Provider concerns meeting – six-weekly multi-disciplinary conversations with social care professionals, health professionals, providers and CQC to identify themes, trends, and agree any actions that need to be taken by partner agencies.
- Multi-disciplinary case meetings with appropriate professionals as required including but not restricted to social and health care professionals, the police, fire service, housing and providers and voluntary sector all as appropriate.
- Joint training between the council and statutory / VCS partners.
- Housing forum – a regular meeting for practitioners from Barnet Homes, social work and the mental health trust to focus on cases involving all agencies – this will include a range of housing issues but with a focus on homelessness prevention.
- There are a range of weekly mental health MDT meetings involving health and social care including hospital discharge and community teams. The council hosts twice-weekly referral meetings to discuss any cases health colleagues have identified would benefit from a social care intervention.

Expert support for people with hoarding behaviours
An example of how we bring together different disciplines around a person is our specialist, intensive therapeutic support for people with hoarding behaviours, delivered through a partnership with Enabling Spaces CIC. The service

is therapy led and holistic, supporting people with sustainable change to their home environment and hoarding challenges.

The service uses the recognised Clutter Image Rating Scale which rates the environment between 1-9. Of the 25 people supported during the initial 12-month pilot, 90% were in the 7-9 (high risk) bracket. Changes are being tracked in Clutter Rating over time and there have been promising results so far. Broader benefits have also included building trust and enabling change with people who have not necessarily engaged with social work teams previously.

As part of the pilot, a monthly multidisciplinary hoarding panel has met and has facilitated positive joint working between different agencies including adult social care, Barnet Homes, environmental health, and London Fire Brigade. We plan to continue commissioning the service and will maintain a focus on outcomes and sustainable change for people.

Clear, equitable and accessible eligibility framework and fairer contributions policy
We have a clear assessment and eligibility framework for both adults and carers, in line with National criteria set out in the Care Act. We also have a clear Fairer Contributions policy which is in line with the national charging framework, and which promotes fairness and equity to all people, and ensures people are not charged more than is reasonably practicable for them to pay.

Areas of focus

Reducing waiting times for assessments and reviews
Our priority for people who draw on our care and support has always been to provide person centred care. With this in mind, we put in place a conscious and intentional risk-based process to manage incoming work, with consistent management oversight.

Contacts and requests for assessment are recorded in the Mosaic system which provides evidence of demand and allows teams to screen and prioritise daily. There is additional monitoring of incoming work on a weekly basis by managers and lead practitioners overseeing duty and allocation of work. Trends regarding contact data and demand for services are monitored through Power BI and monthly reporting shared with senior managers at Adults Leadership Group (ALG).

We have a robust approach to triaging incoming work that needs to be allocated that supports us with risk management. This includes:

1. Regular performance reports leading to agreed management action.
2. Triage and Allocations standard operating procedure (SOP - included in IR 5) to ensure consistent approach to prioritisation and allocation.
3. Clear requirements for the recording of management oversight on Mosaic.
4. Refreshed approach to our contact with triaged residents at an agreed frequency clearly defined within the Triage and Allocations SOP.
5. Regular monitoring of new contacts and of service demand for assessments, DoLS and reviews.

Anyone who needs an urgent assessment / review / reassessment will be seen very quickly by a practitioner. In the most urgent cases, care can be put in place before the full assessment is written up on our case management system through an urgent service request. Anyone needing care and support upon discharge from hospital, including mental health wards, will be allocated very quickly and we have increased the size of our social work teams to cope with demand in this area. This includes dedicated practitioners in the mental health locality teams who lead on hospital discharge.

Social Care Direct will identify anyone appropriate for enablement and refer them straight into this service. Our occupational therapy team also has an urgent service that will rapidly assess all urgent cases and ensure that equipment or adaptations are put in place. We also provide information and signposting services for ways in which people can access support whilst awaiting an assessment.

In 2023/24 we completed 3,549 reviews of care and support plans which means that 40% of long-term service users have had a review in the past 12 months. This is a small improvement on 2022/23 but we are ambitious to see significant improvements in our performance in this area.

The IR5 Assessment, care planning and review – summary document provides details of the work we are doing to improve our position. This includes:

- Commissioning an external agency to bolster capacity.
- Triage and allocation days, led by the PSW and relevant Head of Service, which have helped teams understand the data that is available to support their risk management of waiting lists along with providing them an opportunity to focus on any outstanding tasks.
- The establishment of a small team to work full-time on telephone reviews for low-risk cases.
- Implementing an upcoming pilot of 'provider-led reviews' with a select number of care homes between April and June 2024.
- Working with teams on proportionate recording to ensure all reviews are appropriately documented on our case management system.
- Working on ways to support staff with their productivity, including the use of AI tools to reduce the amount of time spent on administrative tasks.

Performance is improving and we are confident that we can maintain this trajectory with the actions set our above.

Supporting people to live healthier lives

We support people to manage their health and wellbeing so they can maximise their independence, choice, and control. We support them to live healthier lives and where possible, reduce future needs for care and support.

Sylvia's story

An Occupational therapist was assigned to Sylvia when she contacted Adult Social Care as she needed some help to maintain her independence in her own home; she was having difficulties accessing her bath. Through the Strength Based Assessment, the Occupational Therapist was able to develop a rapport and trusting relationship with Sylvia and she felt comfortable to share her personal experiences. Sylvia had a history of domestic abuse, substance misuse and has actively tried to reduce her dependence not wanting to relapse due to the issues that she was facing.

The Occupational Therapist undertook an assessment with Sylvia and together they explored ways to manage her independence and remain safe in the community. The Occupational Therapist was able to draw upon on her years of experience, skills and knowledge. This enabled her to recognise Sylvia's mental health well-being was the priority. However, she would first need to address the presenting problems around not being able to access the washing facilities and living in a safe clean home.

The Occupational Therapist made referrals and worked with partner organisations such as the Disabled Facilities Grant Team, Prevention and Well-being Team for community activities and to reduce social isolation, and Solace – women's aid.

Areas of strength

We have a well embedded approach to helping people early through a broad range of information, advice, guidance, signposting and early intervention services

Our Plan for Adult Social Care has prevention at its core. Our Social Care Direct (SCD) Team provides information, advice, guidance, and signposting. The Prevention and Wellbeing Team (more information below) also works with people at the point of their first contact with SCD, and provides information, advice, and support to prevent people needing formal social care support. By working at the neighbourhood level, the Prevention and Wellbeing team have developed a detailed appreciation of the diversity of our communities and are able to promote and develop very specific, culturally sensitive services for the broad range of Barnet residents.

To help support people's health and wellbeing, offer information and advice, and maximise their independence, the council commissions local services, as set out below. Our SCD Team, Prevention and Wellbeing Service and VCS partners enable people to understand what is available in the borough to maximise their independence and wellbeing.

- Citizens Advice Barnet hold the borough-wide information and advice service contract
- Age UK Barnet have an information and advice offer for adults aged 55+, a specialist later life planning service
- Barnet Carers Centre offer drop-in, telephone and group information and advice sessions
- Barnet Mencap provide local support with employment for adults with learning disabilities and autistic adults as part of our Bright Futures Service
- POhWER provides advocacy services in Barnet, Enfield, and Haringey as part of the Independent Advocacy Service.
- TouchPoint, offer peer-led support for disabled people to help them achieve their goals.
- BOOST offers employment, financial, and digital support services.
- Fit and Active Barnet supports people to lead a more active and healthier lifestyles.
- Change, Grow, Live, is for anyone in the borough who is experiencing issues with substance misuse.
- Middlesex Association for the Blind supports people with sight loss.
- Dementia Support Services deliver the specialist dementia carers support service and the commissioned dementia advisors which work closely with NHS services.
- Barnet Outreach Floating Support works with vulnerable people who have housing related support needs. It is available free of charge and provides Housing Related Floating Support Services to vulnerable clients of all tenures who live in the Borough.
- Medequip Connect care technology offers a comprehensive range of services and state-of-the-art equipment are designed to ensure the safety, well-being, and independence of individuals in need.
- Benefits, grants and financial advice and the Barnet Council benefits calculator support people with their financial wellbeing.

Adult social care also works closely with NHS commissioned prevention services:

- Barnet Wellbeing Service provides access to a wide range of services and activities to help people with their mental health and emotional wellbeing. It is delivered via a variety of wellbeing and mental health providers across Barnet.
- Mind in Barnet and Enfield provide a range of advice and support for people with mental health issues.
- Social Prescribers based in Barnet's seven Primary Care Networks (PCNs)

The CAB, Age UK Barnet, Barnet Carers Centre, Barnet Mencap and Middlesex Association for the Blind and Powher engaged with 88,000 people in the first 3 quarters of 23/24. CAB supported people to access over £650k of benefits as part of the Community Advice Service in 23/24. In a survey from 2022 - 3, 81% of people said they wouldn't have been able to resolve their issue without the support of Citizens Advice Bureau. 70% of people responding to a survey from the Barnet Carers Centre said they felt engaged and supported by Barnet Carers when reaching out for

support and advice. The Wellbeing Hub also provide more than 300 emotional health checks per year, including signposting and support.

Prevention and Wellbeing

Our Prevention and Wellbeing offer is strengthened further through the impact of our council prevention and wellbeing team. This team is impactful in its supports for people to keep their independence and stay connected to what is important to them. In 2023/24, the 365 individuals that the team supported on a 1:1 basis reported 573 improved wellbeing outcomes. Over the same period, 51 new community initiatives and drop ins were established through engaging with the voluntary and community sector (VCS) and leading a support & information forum for c. 40 VCS groups. The team also carries out an internal consultancy role with social work and occupational therapy teams, supporting them to identity community-based resources and offers for people drawing on care and support, and facilitating a network of prevention champions in social work teams. We know from our most recent audit that there is excellent evidence of this work, and it is person centred (see IR 31).

Individual support is short-term and can involve improving people's suitability of accommodation or ability to live independently, helping people to build social networks, supporting people to return to training or work, offering support after a hospital admission and signposting them to other services. In 2023, a benefits tracking exercise was undertaken to look at the impact of the team. The total measured cost avoidance calculated over the 9-month period was c.£3m which, if extrapolated over a 1-year period, indicates the measured annual cost avoidance would be c.£4m.

Although some cases identified did not result in measurable cost avoidance, it is assumed the preventative measures put will avoid future costs to the service and reduce repeat referrals.

The Prevention team focuses on community capacity building. For example, Somalian families in the Colindale area were supported to set up a mental health support group. We have received positive feedback from the outreach we do in the community in places such as libraries and foodbanks.

Developing community capacity

A Prevention and Wellbeing coordinator working in the north of the borough identified that various community partners in close proximity did not know much about each other or visit other services. They were supported to set up a meeting for anyone working in postcodes EN4/EN5. The first one had 12 organisations including the library, DWP, foodbank, community centres, social prescribers, neighbourhood schemes, Age UK Barnet, Befriending and others. The local church offered the meeting space for free and provided lunch. Now run quarterly, there have been 4 meetings, each hosted by a different organisation and the last one was attended by at least 25 organisations. This has also led to the organisations meeting up with each other and supporting each other. For example, the churches now have collection points for the foodbank, and the foodbank have trained the local community centre staff to run another smaller foodbank. This ensures residents in EN4/EN5 get access to good, joined up information and advice, and the staff feel more confident and know where and when to signpost people to the appropriate support. It has also led to the organisations setting up partnerships of their own (for example a holistic offer from the foodbank).

Carers support
Without carers, many people living in our communities would not be able to continue to do so and we recognise the important contribution they make. The Barnet Carers and Young Carers Strategy, 2023-2028, was co-produced with over 300 carers and young carers. The strategy provides a framework for all organisations to work together to support carers and young carers in Barnet and helps us to set our commissioning priorities. Delivery of the strategy and its action plan is overseen by a Carers Partnership Board, which is chaired by the chief executive of Barnet Carers Centre (BCC) and includes carers and partners. The work we have done with carers to coproduce the Barnet Strategy 2023-2028, has been accepted as a good practice example in the Carers Challenge 2023. This is a project led by the Association of Directors of Adult Social Services (ADASS) in conjunction with Carers Trust and Carers UK. The aim of the challenge is to encourage people who work with unpaid carers to share inspirational stories of how they are supporting carers.

Carers assessments are carried out for the council by Barnet Carers Centre and adult social care staff. Barnet Carers Centre offers a wide range of services including carers assessments, support plans, counselling, and practical and emotional support. All carers are asked to complete a questionnaire after they have a carers assessment with Barnet Carers Centre. 89% of responders are satisfied or very satisfied and 94% said they have been given useful information. The Barnet Carers Emergency Card Scheme offers support to carers in an emergency and ensures the people they care for can be looked after if they are unable to provide care. There are also free leisure passes available for carers - free Barnet Leisure Pass.

The Specialist Dementia Support Service provides an evidence-based training and support programme that maintains the health and wellbeing of carers of people with dementia and supports them to maintain their caring role and through this, help people remain living in their communities.

Working with the five carers centres and four other councils in our Integrated Care System (ICS), we have established **the North Central London (NCL) Hospital Discharge Carers project** using Accelerating Reform funding. This is a multiagency approach which provides individualised support to carers to support hospital discharge and provide an equitable service for any carer, regardless of where their loved one has been admitted to hospital across our ICS. The project is implementing an improved discharge process where discharge teams and ward managers provide online and practical support to carers of people coming out of hospital. For example, a single digital platform can be used to self-refer and find local support services. Carers are offered training to support a safe hospital discharge. Training has been coproduced with people with lived experience. Carers assessments are offered as part of the process and are carried out by the relevant carers centre.

Accessibility of advocacy services
We have a 'single front door' to all advocacy services in the borough, ensuring people have the opportunity to work with one advocate to meet a range of needs. POhWER offers all types of statutory independent advocacy: Independent Mental Health Advocates (IMCAs), Independent Mental Health Advocacy (IMHA), complaints, Care Act, and community advocacy. People can access citizen, group, and peer advocacy, cross regulatory, lay advocacy, children, and young people (including CAMHS), signposting and general information and advice. Between 2023/24 (Q1 –Q3) there were 704 referrals providing 1,526 advocacy hours.

Identifying and reaching out to people who may be less likely to access care and support
Our co-production approach to developing strategies and services has informed our learning about how to better identify and reach out to people who may be less likely to access care and support. Our engagement and co-production team are further targeting their work to increase engagement with, and feedback from, communities and areas within the borough where engagement is lower. This includes engaging with people at foodbanks, drug and alcohol services and community outreach centres.

Our Prevention and Wellbeing Team also do a significant amount to raise awareness of prevention services in the borough. The team run 17 drop ins across 24 wards in the borough and are working towards drop ins that cover

every ward in the borough. The team also runs the Barnet Voluntary and Community Forum, which strengthens ties between the Prevention and Wellbeing Team and voluntary/community organisations in Barnet.

In addition to our commissioned prevention services, Barnet is actively connecting with local organisations to support mental health needs for our local population via many programmes including: Art Against Knives, a project for tackling inequality, reaching young Black men through a peer leadership model; Andy's Mans Club, which provides active encouragement to connect to support for men; Farsophone, a counselling and psychotherapy service in partnership with the NHS for Farsi speaking individuals; and Jami which enriches and saves lives impacted by mental illness in the Jewish community.

In addition to all of this activity to identify and reach out to people who may be less likely to access care and support, our commissioned prevention providers also support our work to identify people with needs for care and support that are not being met. Please also see sections of this self-assessment on engagement and co-production, health inequalities and driving evidence-based improvement in addressing inequalities.

Reablement

We want people to stay independent for as long as possible and this is supported through reablement, the default pathway for hospital discharge or new contacts requiring support at home, with our home first approach. Our Occupational Therapist-led reablement team, provides people with community equipment and assistive technology along with home-based reablement care from a small group of commissioned providers. After reablement, almost 70% of people do not need a long-term care package with only 30% of people needing a long-term service. Please see IR 16 for further information.

Short-term mental health reablement is provided by The Network. This in-house service supports people with mental health challenges, and their carers, to learn better coping strategies and skills to promote their wellbeing. People with mental health challenges can access workshops such as, how to challenge negative thinking, making decisions, self-belief, triggers, and early warning signs. The service has supported thousands of people over many years to achieve their goals, including accessing higher education and employment. We know this works because The Network collects measurable improvement in individuals' mental health journeys with us using Dialogue Plus as part of our recording process on Mosaic. In addition, we capture their feedback in evaluation forms which include specific questions to indicate changes in their mental health experience pre and post group intervention.

Assistive technology, equipment, and adaptations

Over recent years we have continued to embed assistive technology as part of our strengths based working offer, ensuring we support independence, increase wellbeing, and prevent, reduce or delay the need for additional care and support. On 1 June 2023, the Council awarded a contract to a new Care Technology partner, Medequip. As of 26 March 2024, 8,554 residents have a live assistive technology service.

On 1 August 2023 the Council changed its provider of equipment and became a member of the London Community Equipment Consortium, led by Royal Borough of Kensington and Chelsea and Westminster City Council. Between 1 August 2023 and February 2024, 6,238 people received delivery and installation of 13,879 items.

The Occupational Therapy (OT) teams in Barnet Adult Social Care work with adults to enable them to achieve their desired outcomes in independence and risk management, and to optimise their functional activity and safety at home, enabling greater choice and control over how they wish to lead their life. Our interventions range from simple equipment such as grab rails and bath boards to complex risk assessments, provision of manual handling equipment and minor adaptions under the Care Act 2014 and refer for major adaptions under the Disabled Facility Grants.

Please see IR 9 for further information on assistive technology, equipment and adaptations.

Higher proportion of people receiving Direct Payments than London and England averages

We actively encourage people to have the option of a direct payment (DP), to maximise choice and control over their support. In 2022/23 28.3% individuals chose this option as part of a self-directed support package compared to 25.2% in London and 24.1% in our peer group. We are consistently higher than comparators in our performance on this measure. We have a dedicated direct payment support team for people who wish to take this option and offer pre-paid cards as the simple, default way to manage them, though a significant number of adults utilise payroll agencies or other forms of DP management. We check with people that the option of a direct payment has been discussed through our surveys. We promote DPs to support meeting specific cultural needs. We review the effectiveness of DPs in meeting needs to ensure the appropriate use of public funds and also to consider whether directly commissioned care is more appropriate as the circumstances of residents' change. We will shortly be starting a new co-production project to develop ideas to enhance the direct payment offer further.

Broader measures

To support everyone to live healthier lives and reduce future needs for support, the council works with partners to improve Barnet as a place where people can live and age well and be an inclusive and equitable environment for people who may have or develop care and support needs, and their carers. These include:

Age Friendly Barnet

The council has partnered with Age UK Barnet to become an age-friendly borough. Our call to action was shaped by the views of more than 1,000 Barnet residents and aims to eliminate barriers to ageing well within the borough. Eight new projects will be launched to address the issues identified by the survey. We plan to deliver advice and information pop-ups, so older adults who are less aware of community events, information and services have a chance to find out useful information and advice.

Dementia Friendly Barnet

Barnet has a large population of people living with dementia, and this will continue to grow. The council leads the Dementia Friendly Barnet Partnership of over 40 local organisations, with its partner Age UK. There are now 26 dementia friendly venues in Barnet and over 12,000 people have received training in dementia. Dementia friendly design is being incorporated into the council's construction programme, for example, in our recently replaced leisure centres. Being a dementia friendly community enables us to promote independence and delay the need for care & support.

Inclusion for disabled people

The council has been working internally, with people with lived experience, and with local disability and other organisations to improve the experience, opportunities, and outcomes of disabled residents. This followed findings from a council-wide resident perception survey which showed that disabled residents' experience was less positive than non-disabled residents. The council commissioned in-depth ethnographic research and has since developed an action plan. This includes a programme of work to support more disabled people into employment, become a disability confident employer and establish carved employment. The council has just completed building new Changing Places facilities in two locations across the borough (creating four in total), has built the UKs first maximum accessibility, all age playground and is committed to ensuring that 10% of new build properties in our housing development programme are accessible.

Tackling Health Inequalities

Tackling health inequalities is fundamental to supporting people to live healthier lives, so they can maximise their independence. Tackling inequalities is a priority in Our Plan for Barnet 2023-26. This is also core to Barnet's health and wellbeing strategy and to the work of Public Health who play a key role in reducing health inequalities. The most recent Public Health annual report gives an overview of this work, including the collaborative approach to working with communities on this, for example through the Community Innovation Fund and the Prevention Fund. Our work on reducing health inequalities gains even further reach through the Barnet Borough Partnership (BBP) which is a coalition of local partners. The BBP has a priority workstream on tackling health inequalities, especially for minoritised communities, including a Cardiovascular Disease (CVD) Prevention Programme relating to hypertension/cardiovascular disease prevention in Black African and Caribbean and South Asian communities. As

part of this work, BBP has commissioned a peer-led community outreach service to promote heart health among Black and Asian communities, to reduce premature mortality and inequalities, addressing the biggest cause of premature mortality in the borough. BBP is also delivering a project that raises awareness of mental health among young Black men, addressing a key area of disproportionality in access to adult social care in the borough. Barnet's Healthy Heart project has just received a certificate of appreciation from the African Caribbean Culture Society of Barnet for helping over 1,600 residents in little under two years.

Areas of focus

Delivering the Carers Strategy and action plan

Having finalised the strategy, our priority is to deliver the action plan and improve the lives of carers, through the following outcomes:

- Carers are found at the start of their caring journey, which will enable them to get the support they need.
- Carers are supported to access education, training, and employment potential, and supported to have time for positive and recreational activities.
- Young Carers are prevented from undertaking inappropriate caring roles and are provided with the support they need to learn, develop, thrive, and enjoy a positive childhood.
- Carers are fully aware of resources available to them to help them in their caring role.
- Carers are supported to access, financial information, and advice and as a result, feel financially secure and not financially disadvantaged due to their caring role.
- Carers see an improvement in their mental health and wellbeing.
- Young carers feel supported in schools to enable a positive school experience.
- The way we work across the system is informed by insight from carers' lived experience and valuable contribution.
- Carers can actively participate in the care and support planning of the person they care for and are able to advocate for themselves and their loved ones when needed.

Strengthening our joint work with housing

There have been growing examples of working better and more closely with housing colleagues over recent years. Representatives from housing are part of our project working with people with hoarding behaviours, a dedicated housing officer is available to attend the multi-agency risk panel whenever required and we have a programme of multidisciplinary meetings between housing and social care regarding those residents supported by our mental health services.

Though we have evidence that the existing work between social care and housing is improving outcomes for people, we have recognised there is a need for a broader and more systemic programme of work.

The newly constituted Social Care and Housing group has representation from operational and commissioning social care leads, alongside social housing colleagues, those working on the capital programme, Disabled Facilities Grants, private sector housing and homelessness. The group has responsibility for an ambitious work plan to build on what works well to better integrate housing and social care pathways and initiatives to benefit residents. This includes:

- Oversight of the current and projected housing needs of those with care and support needs.
- Reviewing existing housing supply and stock to explore in partnership what we need more of and how we can increase the supply of suitable housing for those who draw on care and support, including young people, older and disabled residents across all tenures including in the private rented sector and home ownership.
- An informed acquisitions programme addressing the emerging needs of young adults as they move through from children's services.
- Mapping existing practices and pathways to provide the right support where it is needed and to improve practices.

- Feeding in these requirements to planning and development of new housing supply, including advising on accessible housing guidance.
- Making best use of available funding for appropriate aids and adaptations across housing tenures and identifying opportunity to secure external investment.
- Overseeing shared actions across housing and social care from the Housing Strategy 2023-28
- Implementation Plan and the Homelessness and Rough Sleeping Strategy 2023-28 Implementation Plan.

Equity in experience and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support, and treatment in response to this.

Bahar's story

Bahar moved to the UK from Iran in the 1970s with her husband, son, and daughter. She had lived in the same house for the past 40 years since their arrival in the UK. Her husband has now sadly passed away. Bahar, her son, who is her main carer and her daughter, who is also her informal carer as well as an independent Farsi interpreter, all participated in the assessment, at Bahar's request. Bahar expressed wishes to be supported to continue living at home.

The social worker discussed with Bahar what outcomes she would like to achieve and how this could happen. Bahar described how she has a close, loving relationship with her family members. The family stated that they wished to continue to be involved in the care. The social worker recognised the importance of her cultural background and needs. She worked with the family to source a carer who spoke Farsi and who also understood her culture.

Bahar continues to receive Direct Payments towards a Personal Assistant. She has built a positive relationship with the personal assistant. With the Farsi speaking carer, Bahar fully immersed herself in the full decision making and planning of how her care and support needs are to be met.

The social worker also advised the son and daughter of a carers assessment, how they could be supported, and provided with information and advice to maintain their own health and well-being so that they can continue to support their mother.

Bahar stated that 'xx was very friendly, professional and caring and understood my situation and the kind of care I needed'.

Areas of strength

Co-production and engagement are the fundamentals of our approach to understand more about the lived experience of our people and meet the diverse needs of our communities

We worked with over 300 people who draw on care and support, alongside council colleagues, health and voluntary sector partners and other stakeholders to develop our engagement and co-production strategy and charter. The strategy was agreed by the Adults and Safeguarding Committee in November 2022 and has three priorities:

Priority 1: We will hear from more people about their experiences and use this information to make positive change.
Priority 2: We will build our People's Voice community and provide more opportunities to be part of adult social care.
Priority 3: We will move beyond feedback to participation in adult social care and ensure people have a voice across a wider range of services.

We have engaged with over 140 people living with dementia and their carers to develop the Dementia Strategy 2023-2028, We have coproduced our Carers and Young Carers Strategy, described elsewhere in this self-assessment. We co-produced a mental health charter for Barnet, working with Mind, the Young Barnet Foundation, the mental health trust and over 300 people with lived experience of mental health issues.

We work with the VCS to ensure we reach groups of the community who are less likely to engage with us. For example, to develop our coproduction strategy, we commissioned 4 VCS groups including an Asian representative group to engage with people from communities less likely to engage or with additional communication needs.

Our co-production approach has informed our learning about how to better identify and reach out to people who may be less likely to access care and support, and we have worked with specific community organisations to enhance our connections with these groups and individuals. Our coproduction and engagement work actively seeks diverse and representative engagement and has recently included: work with autistic adults on strengthening services and pathways; work with diverse communities such as refugees from Afghan, Farsi and Arab speaking communities, residents with learning disabilities and autistic residents from Barnet Mencap groups, Barnet Asian Women's Association, and a Muslim women's focus group in relation to reporting safeguarding issues; and research into the impact of culturally sensitive home adaptations, an example of which is a recent Disabled Facilities Grant (DFG) award for a Sabbath lift for an Orthodox Jewish resident, automatically operated to meet requirements for observing Sabbath.

We draw on our strong partnerships and where other organisations are better placed to reach out to diverse communities, we commission the VCS to do co-production with groups less likely to engage with the council. For example, Barnet Asian Women's Association were commissioned as part of our Engagement and Coproduction Strategy development to share experiences of Adult Social Care Services. Please see IR 11 for more information on supporting accessibility, and IR 12, IR 13 and IR 35 on: our approach to EDI; engagement and coproduction; and promoting access to services for groups at risk of having unmet needs due to their protected characteristics.

Routinely capturing the views of people

Building upon our strengths-based approach, we routinely capture the views of the people we support and use this to learn and develop. We have introduced an approach where practitioners ask for feedback when their case is closed. People report extremely positive experiences when it comes to their practitioner, such as, being involved in care planning, information and advice, and overall satisfaction. For example:

- 98% agreed with the statement: "The practitioner treated me with respect and as an individual."
- 93% agreed with the statement: "The plan I developed with (my practitioner) helps me to live the life I want and do the things that are important to me."
- 97% agreed with the statement: "The information I was given was correct, up to date and in a way, I understood."
- 93% agreed with the statement: "Overall, I felt satisfied with the assessment and care planning process."

Our inclusive engagement approach draws in a wide range of perspectives and needs. Focused effort has also been made to ensure greater representation across the protected characteristics and we have grown our People's Voice community to 245 people, including 56 new members since the start of 2023 who want to be actively involved in engagement and co-production work.

Broad commitment to participation
Adult social care co-production and engagement are part of a wider commitment across the council to listen to people, involve them in designing council services and address issues affecting them. The community participation strategy lays out the council's vision for working together with communities. It sets out how we reach out and involve people who are less often heard to address inequalities better. This is working to reach all sections of our communities. For example, three discussion groups and a Leader Listens session have been held on the experience of Deaf and hard of hearing residents living in Barnet. This broad commitment to participation is strengthened through our work in Adult Social Care to ensure diverse and representative engagement, please see IR 13 and IR 35 for further information.

Driving evidence-based improvement in addressing inequalities
Barnet is home to people from a wide range of backgrounds, with over 90 languages spoken. 88% of people agreed their local area was a place where people from diverse backgrounds get on well together (source – residents perception survey 2021/22). We also know from this survey that disabled residents are less satisfied than non-disabled residents and are taking action to address this.

The council's Tackling the Gaps group leads on tackling inequalities experienced by residents. The group has led work to understand disproportionality across Barnet council services and across the borough including the State of the Borough Report, an Ethnographic Disability Study (see IR 12) and to develop plans to reduce this through policies, strategies, and service delivery. The recently developed 'Towards a Fair Barnet Roadmap' (see IR 12) provides overarching clear objectives for the next phase of this work, including for Adult Social Care.

We have undertaken a comprehensive analysis of disproportionality as it impacts people's access to adult social care in Barnet (see Disproportionality Narrative IR 13*).* We know the areas we need to address and have plans underway Our analysis showed that in the main, access and outcomes were fair and equitable across different groups. Areas for action are:

- Black people are twice as likely to access mental health social care support services, in comparison to White people, and this rises to three times more likely for those in the 20 to 39 age range which reflects national trends across the country. Referrals to adult social care mostly come from our NHS partners.

- Black and Asian people were over-represented in physical support services. This is likely linked to underlying health inequalities in our Black and Asian communities, and wider economic inequalities.

- People from a minoritised ethnic background are underrepresented in Learning Disability Services, although there is a higher rate for those who identify as Black or Black British for the 18 to 39 age range.

- 91% of White people are satisfied, very or extremely satisfied with the care, and support they receive, compared to 87% of people from other ethnicities (source – national user survey).

To address these issues:

- We have developed a set of actions that we are taking across health and care through the Barnet Borough Partnership, to tackle mental health inequalities for Black people (for more information on the actions we are taking, please see IR 12 Tackling Mental Health Inequalities in Barnet document) and we have developed a range of prevention and awareness raising initiatives (see IR 13 summary document for more information).

- We have developed a programme of work with health partners on health inequalities, tackling cardiovascular disease prevention, which disproportionately affects Black and Asian communities, including peer support and early support at pharmacies. We have council wide programmes of work to tackle poverty (such as our benefits calculator) and food poverty.

- We are engaging with the Asian community to understand any barriers in accessing services, particularly Learning Disability Services and are engaging with Mencap to draw on their expertise to support this.

- We are coproducing a toolkit around language, communication and feedback with specific local communities, to help us understand reasons behind the small satisfaction difference and how to ensure increased participation in co-production and engagement from minoritized communities.

Areas of focus

Evidencing cultural competence

External audits and our peer review observed a strong commitment and good social work practice in relation to equality, diversity, and inclusion. We recognise that sometimes this could be better evidenced in case records to reflect how our practitioners have understood the cultural differences of those who receive care and support services and shaped the care and support plan accordingly. To support our staff, in the last year we have updated our core assessment, support plan and review forms; produced new guidance for completing them; rolled out a training programme on recording cultural competence to all staff; and also delivered targeted sessions for staff on cultural competence.

Inclusion Champions

Responding to feedback received from people, we have established a network of staff autism champions. This champion role provides expertise and support for staff when working with autistic people. The champions receive training and guidance, including from autistic adults.

Continue to engage with seldom heard and minoritised communities

As part of our continued work on engagement and co-production, over the coming months, we are prioritising further engagement with seldom heard and minoritised groups including the Deaf and hard of hearing community, Blind and visually impaired people, refugee communities, Somali, Romanian, and Black and African Caribbean communities. People and carers feedback have informed the workplan, via the Involvement Board and People's Voice forums, engagement projects and feedback surveys.

Continue to drive forward our work on equalities and inclusion

We are continuing to drive forward our work on equalities and inclusion through the delivery of Our Plan for Adult Social Care (see IR 30) and our EDI action plans, with our staff putting equality at the heart of what we do; listening to residents, providers and staff to help understand how we can tackle inequalities and provide equality of care in a way that is ambitious, realistic and person-centred; and making sure residents have equal access to our support services as well as our information, advice and advocacy services. Our continued work on reducing health inequalities and inequalities in access to services are aligned with the cross council 'Towards a Fair Barnet Roadmap' and includes a focus on:

- Improving advocacy and support for groups more at risk of experiencing social inequalities
- Improving the experience of adult social care services for autistic adults through the Autism Champions practitioner network and coproduction
- Ensuring culturally sensitive, strength-based practice across adult social care through ongoing cultural competence training and quality assurance measures
- Tackling mental health issues for Black men and boys by continuing to work with the Barnet Borough Partnership and the North London Mental Health Partnership's Mental inequalities work
- Reducing the risk of or impact of cardiovascular disease for specific population groups working with the Barnet Borough Partnership and community groups
- Reducing childhood and adult obesity by supporting weight management, a healthy food environment and physical activity opportunities in particular population groups
- Creating employment opportunities for all through BOOST and other local employment and skills initiatives and offering carved employment opportunities in the council for people with learning disabilities

See IR 12 and IR 13 for further information.

Self-assessment Theme 2: Providing Support

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Deepak's story

Deepak was moving to Extra Care and needed additional support to move in. Deepak had a visual impairment which meant doing all the paperwork and organisation in a timely manner was difficult as they had no-one able to help them. Working together, the Prevention and Wellbeing Coordinator and the staff at the Extra Care scheme were able to support Deepak to work out what was needed, and assist them to purchase furniture and other essentials and to move in. Once moved in, the Coordinator introduced Deepak to the Middlesex Association for the Blind (MAB). MAB were able to support Deepak with setting up a system for managing paperwork, ensuring they were using digital and online technology to be as independent as possible and meet others in the local area, which was new to them.

Areas of strength

Good understanding of the availability, quality, and diversity of care provision

We are proud of our large and varied care market, which is one of the largest care markets in London. We have a clear understanding of both where supply is strong and where there are gaps, articulated in our Market position statement, which is based on Barnet's Joint Strategic Needs Assessment, population health and needs analysis, including the analysis we jointly commission across North Central London (NCL) on care homes, and market intelligence from brokerage and our practitioners. We are taking steps to address challenges and gaps, as outlined below. (Please see IR 15 and 16).

We maintain effective working relationships with providers through our dedicated Care Quality team. We are home to 80 registered care and nursing homes (2,939 beds), 55 of which support older adults (2,525 beds.) In addition, there are 96 CQC registered domiciliary care agencies in Barnet (as of 4th April 2024).

Our care market has a higher than average number of providers rated good. Based on February 2024 CQC published ratings, 85% of registered care homes in Barnet are rated 'Good' or 'Outstanding' (1 care home rated outstanding); compared to 81% in England and 85% in London. For all non-care home CQC registered services, 91% of registered providers in Barnet are rated 'Good' or 'Outstanding' compared to 88% in England and 83% in London.

We have four council commissioned registered extra care services, and we are developing an additional extra care scheme. In addition, there are a range of day services, employment support and voluntary sector provision.

Diverse market capacity

Our care providers offer culturally specific services that reflects our communities. Our brokerage service hold and regularly refresh information on culturally specific care provisions. For example, Barnet has several Jewish care services catering to the needs of our local population, where Jewish residents make up more than 14% of the population as reflected in the latest census results and are able to support residents across the spectrum of practice and orthodoxy. We receive frequent referrals for services to meet Jewish cultural needs and so have built in the ability to filter our provider information for providers who can meet those requirements.

Registered providers recruit people from cultural and ethnic communities which allows the Council to offer culturally appropriate choice in both home care and care home settings. The borough also benefits from a diverse array of supported accommodation, assisted living and extra care services.

We have contracts with a number of local homes which support our culturally Greek residents, through providing Greek speaking staff, food, and culture. We also monitor workforce within homes that are not targeted at specific communities, needs or preferences. For example, we have no Portuguese care homes, we became aware that a specific home had a number of Portuguese speaking staff, which enabled Portuguese residents placed there to speak in their first language and they reported they, and their families, felt more comfortable and their needs were better met.

Our referral forms for supported living service include prompts to identify cultural/religious/language/dietary needs and enable providers to understand emerging need and consider how they are able to better respond. The same applies for a wide variety of needs including specialist support and other communication methods such as Makaton.

A recent request for a Bengali speaking care worker led us to work with neighbouring Haringey Council, as the resident's address was located near the border of the borough, and colleagues in Tower Hamlets, home to a large Bangladeshi community, which enabled us to identify a care worker who could meet this need.

Sustainable provision

Our registered care market is resilient, though we recognise that the economic climate and cost of living has been challenging for providers and maintain an open dialogue to understand the impact on their costs. Our commissioning approaches aim to support the sustainability of the sector. The Council's commissioning approach to care home placements is predicated on calculating a 'minimum sustainable price' for placements in the borough, which is shared with other North London councils. This is a 'floor' rate that a sustainable service could be delivered at, and we would therefore not pay below this. The council uses independent market analysis and an evidence-based approach which ensures the Council does not commission placements at rates which are unsustainable. The council's approach is to commission above this rate and agree fees with providers on a home-by-home basis. (Please see IR 15)

Each year, the council conducts a cost of care process where all providers are able to provide evidence of increased costs in delivery, separately from changes in the needs of the individual, which would be addressed by a reassessment or review. These are considered on their own merits, with consideration of both national, regional and local inflation indicators and analysis, while also considering the council's own budget position.

Supporting and shaping the care market

We offer a significant amount of support to our providers, as a core component of our market shaping approach. Our Care Quality Team provides quality advice, support and training, activities and projects, support for registered managers, as well as contract management and brokerage.

Every care home has a linked Care Quality Advisor who supports them with quality assurance and improvement. Care Quality Advisors visit registered providers at least once a year to undertake a quality assurance check in line with CQC standards. They also manage quality concerns and safeguarding risks, working closely with CQC and NHS colleagues. Provider engagement and networking events take place throughout the year. Bespoke training and development are offered to Registered Managers and Nominated Individuals. Networking sessions are offered to Nominated Individuals and Registered Managers, to enable them to feel supported and guided in their roles and responsibilities. We hold an annual celebration and awards event to recognise the skills and dedication of care sector colleagues. Through our work with NCL ICB, Barnet's Public Health team, and the other north London councils, we have levered in significant learning and development and digital/assistive technology to support care homes in Barnet.

Recruitment support

As is the case nationally, Barnet, alongside other North Central London boroughs have issues with retention rates within the care sector. However, based on latest Skills for Care data (2022/23) vacancy rates for care worker roles in

NCL (11.7%) are lower than the London average (12.1%). To address these challenges, we have an ASC Workforce Recruitment and Retention Lead who manages a programme of job fairs and recruitment activities for our local registered providers, working with local employment support services. Our NCL ASC Programme manages a range of initiatives to support provider sustainability through supporting recruitment and retention, such as setting up the Proud to Care North London recruitment portal, establishing a Mayor's health and care recruitment academy (see IR 22).

Peer led networks for Registered Managers and Nominated Individuals.
We offer peer-led networks to help develop a culture of mutual support between providers. We have strong representation and engagement at our network events and support a Registered Manager WhatsApp group. This approach has helped to foster good relationships and help providers work cross boundaries on shared issues like recruitment.

NCL Support for Providers
The North London councils adult social care programme leads our sub-regional work to promote and ensure a sustainable, diverse, high quality care market and is a key delivery vehicle for market shaping, supporting financial sustainability for the sector and increasing provider workforce capacity. Our NCL ASC programme leads initiatives to address shortfalls in capacity through coordinated commissioning activity. For example, we have introduced sub-regional block contracts and piloted new services such as mental health in-reach initiatives to support care home admissions, creating more capacity for individuals with complex needs.

We have established a North Central London co-production forum for care home managers, in partnership with NCL ICB. The forum gives Registered Managers an opportunity to shape our priorities and influence our strategic direction.

The North London Councils and ICB have also developed a **joint digital social care programme** which over recent years has embedded evidence based digital innovations in partnership with care providers. The programme is an enabler to support the care sector to meet new national expectations around digital maturity, including using digital care records. Barnet care homes have access to remote monitoring, digital social care records and acoustic monitoring, which is a falls prevention tool. The programme has evidenced positive outcomes for people and care providers. This work has been recognised in a UN report on healthy ageing, as a model of best practice.

Enhanced Health in Care homes
The Enhanced Health in Care Homes (EHCH) is a framework for improving the health and wellbeing of people living in care homes, by offering personalised care for care home residents, their families, and staff, through collaborative working between health, social care, and voluntary sectors. Barnet care homes can access clinical support through the One Care Home team, a new team established by the Barnet Borough Partnership. This multidisciplinary team includes community matrons, geriatricians, psychiatrists, occupational therapist, a rehabilitation support worker, technical instructor, trusted assessors, 2 Primary Care Network (PCN) pharmacists and where needed, other staff from the wider Central London Community Healthcare Trust (CLCH). The team works with care homes to offer holistic geriatric assessments, signpost care home staff, and deliver identified support to care home residents.

New service development
Our needs assessment identified the need for the borough to expand the provision of extra care housing as an effective alternative to residential care, and to support people with independence, choice, and control. As a result, the council invested £15 million in a long-term plan to develop an additional 227 Extra Care units. The first of these, Ansell Court, a 53-unit development in Mill Hill opened in 2019. Atholl House, a 51-unit development in Burnt Oak opened in 2023 and Cheshir House, a 75-unit development will open in 2025.

Areas of focus

Develop more supply of urgent or crisis care services.

For people with complex needs, we know we need more urgent, and crisis care services such as accommodation-based and short term, 24-hour 'live-in' support services.

In response to this, we reopened our approved list for complex care and crash pad services and secured a further nine new providers, however new providers will need time to mobilise services safely and be integrated into the existing offer. Our new market development leads will also be focussing on work with providers of crash pad/crisis support services from April 2024.

Develop more supply of building-based capacity across accommodation-based services and addressing complex needs

Barnet is part of a sub-regional market, where our immediate neighbours in North Central London with far smaller care home markets, place adults within homes in our borough. This creates a supply challenge for Barnet as across NCL, care home places for 75+ adults per 1,000 of the population are lower than the London and England average. Though Barnet has a higher than average market size for older adults' care homes, when considered as a single subregional market, the market is half the size of the national average per head of population over 75.

We have worked with the ICB to commission a specialist in-reach pilot from the Mental Health Trust, to provide clinical support to care homes prior to and post discharge, working alongside care home staff to support residents with complex needs relating to their mental health, modelled on best practice examples elsewhere in London. Staff and families have reported finding this valuable and effective and we are now working with the ICB to embed this service as a part of the core offer provided by mental health services to all care homes at scale.

We also need more building-based capacity (across accommodation-based services) which is appropriate for adults with complex needs, including adults with dementia and mental health conditions, behaviours which challenge, adults with autism. Our ambition to develop more capacity of this type is supported by the draft Local Plan 2021-2036. We know from extensive work with our providers that the reason for the gap is multifactorial, the suitability of existing services and their ability to manage complex admissions safely, and provider skill and risk appetite to support complex admissions.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Marsha's story

One of our Prevention & Wellbeing Coordinators was allocated to work with Marsha as she would like to be able to have a 'riser recliner chair' that had been identified by her Occupational Therapist. However, due to the large number of belongings in Marsha's property there was no space currently for the chair, so Marsha agreed to have some support with decluttering her main living space to enable this. The coordinator arranged a home visit and identified that Marsha has physical health and mobility issues. She uses a wheelchair when out in the community and a Zimmer frame around the house. During the home visit, Marsha said that 'she wants to explore options for donating or disposing of items to make room for the 'rise recliner chair.'

Marsha had not been leaving the house often and had become socially isolated. Marsha told the coordinator that she would like to find a day centre which she could attend once a week so that she could be involved in activities and socialising.

Subsequently the coordinator worked with Marsha to declutter and organise a collection and donation of two shelving units, an armchair and two sewing machines from the living room, so to make space for the reclining chair whilst also enabling Marsha to move safely around her living room. The coordinator also explored day services for Marsha for one day per week with transport.

Marsha's daughter later contacted the coordinator saying, *'Thanks for all your help and efficiency with getting everything done. Really appreciated. Yes, definitely work in progress with my mum. It's nice to have all that space now. I will probably get the removal man to come back and take another chair once we get a riser recliner for mum, also a few other bits I can sort out. Thanks again.'*

Areas of strength

Diverse and vibrant Voluntary and Community Sector

We have a diverse and vibrant voluntary and community sector in Barnet, with over 1,000 VCS groups. The council has a strong working relationship with the sector on both strategic and operational levels, much of this led and developed by adult social care. Adult social care invests more than £2m into commissioned VCS services, and the sector is a visible and trusted partner.

Corporately, the partnership is vested in the Barnet Together Alliance, a long-term, cross-sector collaboration between the council and the sector to increase development and capacity building support for the sector, enabling the borough to strengthen, innovate and thrive. A key partner within the alliance is Inclusion Barnet (IB) the borough's deaf and disabled people's organisation (run by and for disabled people). IB work closely with Adult Social Care, providing expertise and guidance on good practice resident engagement and coproduction.

Both the Barnet Borough Partnership (placed based health and care partnership) and the Barnet Partnership Board (local strategic partnership) include VCS partners Inclusion Barnet, Age UK, Barnet Mencap, Groundwork, Young Barnet Foundation and Mind. Our VCS partners bring strong and in-depth understanding of local communities to these forums.

In adult social care the Prevention and Wellbeing Team coordinate the quarterly Voluntary Sector Forum which is held in person and co-chaired on a rotating basis with different voluntary sector partners. This approach has encouraged participation and a shared sense of ownership across the forum which is a valued resource and used as a basis to network and share good practice across the partnership.

Through these formal and informal mechanisms, we see strong and vocal leadership in the sector, bringing together VCS organisations, and maintaining our dialogue and joint work. Voluntary sector partnerships have been instrumental in progressing the development of key strategies and initiatives in Barnet. Some examples of these are the Carers' Strategy, the Mental Health Charter, the Age Friendly Barnet initiative, and the Autism Hub.

Building trusting relationships with voluntary sector partners has led to opportunities for service development that have directly impacted residents in Barnet. For example, through relationships and trust built via the Voluntary Sector Forum, the Prevention and Wellbeing Team have worked with the CAB to co-locate the service at three drop in sites at different locations in Barnet including Hendon, Chipping Barnet and Jim's Café in East Barnet, providing access to people at different locations in the borough who would not otherwise visit the CAB office.

The Mental Health Charter was coproduced with residents and VCS partners via a working group and the principles of the Charter were further shaped by voluntary sector led coproduction led by MIND and other VCS groups.

The Adult Social Care Engagement Strategy was coproduced with input from over 300 residents, and by utilising connections with the voluntary sector, we were able to engage with members of the community who would not have ordinarily engaged with traditional council activity. This was achieved by offering grants to small local VCS partners to carry out the engagement work within community groups identified as seldom heard, such as the Deaf and Hard of Hearing community, residents with a learning disability and older Asian women through Barnet Asian Women's Association.

Our Carved Employment Scheme has fostered excellent collaboration across our VCS partners where adult social care has worked successfully with employment focused organisations such as Shaw Trust and Mencap Employment schemes, as well as our local employment provision BOOST, to identify and support candidates with a learning disability to apply for roles.

The Prevention and Wellbeing Team worked with the sector to coproduce an information booklet for residents with cost-of-living resources. The collaborative approach meant we could work swiftly to collate and distribute this information across the borough via food bank networks. The resources were translated to a variety of different languages and formats to reflect the diverse communities across Barnet.

Collaboration continues with the Adult Social Care Engagement Team and Inclusion Barnet, supporting local user led initiatives and sharing best practice on engagement, coproduction, and lived experience relating to disability.

NHS Partnerships

Adult social care's strategic approach to integration is delivered through our partnerships with the NHS at the level of the North Central London Integrated Care Partnership (ICP), our Barnet Borough Partnership (BBP), and our Better Care Fund (see documents under IR 22 and IR 23). Both the ICP and the BBP have a strong focus on prevention, earlier intervention and reaching deprived and less well-served communities. Through these forums, ASC plays a strong leadership role, and has led work to tackle health inequalities and disproportionality through these partnerships, as referenced earlier in this report and in IR 12 and 13. The development of the Barnet Borough Partnership has been very much led by adult social care and has created strong and supportive working relationships between partners, and shared ambitions for Barnet across all organisations. A key BBP workstream is to develop neighbourhood (Primary Care Network level) models of integrated care for residents. We have developed an agreed framework and model for neighbourhood working and have pilot initiatives now in place, supplementing existing community-based support such as our Ageing Well multi-disciplinary team model.

The BBP is unique in the North Central London ICS in that partner agencies contributed funding to create dedicated project leads for key workstreams and in set up a major VCS grant giving programme to meet local needs, the Barnet Community Innovation Fund.

Barnet Community Innovation Fund (CIF)
Through our Barnet Borough Partnership, we have established a flagship funding programme for the community and voluntary sector, to provide seed funding for small community projects tackling wider determinants of health, especially those who face inequalities when receiving support. The Community Innovation Fund is managed by the council on behalf of partners and is made up of contributions from the council, Royal Free NHS Foundation Trust, Central London Community Health (CLCH) NHS Trust, and North Central London (NCL) ICB. The fund has allocated £820k to 47 projects since April 2021, which have reached over 15,000 people.

Outcome monitoring indicates that 88% of residents participating in funded projects reported a reduction in social isolation, with many respondents also indicating they were now less likely to contact statutory services. 65% of projects had also managed to secure longer term external funding following funding of the pilot as a 'proof of concept', bringing in new investment into the borough. All organisations reported that the fund had enabled them to develop new partnerships, and 77% reported that they had improved their own organisational resilience through the process and experience of working with the CIF team.

Operational integration
Operational social work teams work in close alignment with local NHS services to ensure that services for residents are joined up and effective. Barnet has a well refined approach to managing hospital discharges. The integrated discharge team comprises the council, CLCH, Barnet Hospital and NCL ICB. It oversees all discharges for Barnet residents from any hospital and also supports with out of borough discharges for patients in Barnet hospitals. Senior and more operational managers meet weekly to reflect on performance, respond to any difficult cases and identify further improvements.

Our mental health teams are managed directly by the council, but services are closely aligned to those of the NHS. The operational management teams of the council and mental health trust have regular away days to agree priorities for joint working and reflect on progress made. We have an agreement in place for the training and deployment of mental health trust staff as Approved Mental Health Professionals (AMPH). Our locality teams work closely with the mental health community teams and staff have access to shared training opportunities. The intensive enablement team is the borough's mental health rehabilitation team and is made up of co-located health and social care professionals. There is a joint transitions group to oversee the journey for residents from CAMHS to adult mental health services.

Barnet Learning Disability Service (BLDS) Integrated Team
The Barnet Learning Disability Service is a multi-disciplinary team made up of social care, nursing, allied health professionals, psychology, and psychiatry colleagues. Health staff are seconded to the council under a section 75 agreement from the community and mental health trusts to make up a fully integrated team that provides a comprehensive and holistic service to people with learning disabilities, and their families. BLDS has a well-developed approach to Multi-Disciplinary Team (MDT) working in managing complex cases. Several forums are in place to enable this MDT approach including Referrals MDT Meeting, Dynamic Support Register Meetings, as well as specialist pathway meetings. In addition to this, the team work together through professional meetings as required. 91.3% of Barnet adults with a learning disability had an annual health check in 2022-23, as a result of good partnership working, the highest in NCL. Barnet performs well in national measures for people with learning disability living independently (84% compared to London average of 79.6%) and in employment (8.2% compared to London average of 5.2%), which is a testament to the team's skill in supporting progression, independence and managing complex needs. Having recognised a gap in the team, the council and ICB have jointly invested in a dedicated LD OT team for the last few years, and this is making a significant impact on life outcomes of the people they work with.

Mohammed's story

A young adult with learning disabilities recently moved from his family home into a supported living placement as an emergency due to breakdown in the family home. Prior to this he had very few self-care or domestic skills and there were concerns about his care in the family home.

The OT worked with Mohammed and the care provider to develop Mohammed's skills and better understand his interests. Once the OT got to know Mohammed, they suggested ideas of activities for Mohammed to try, assessed domestic tasks, supported Mohammed to practice cooking skills and arranged for Mohammed to attend two activity sessions in the community with his support workers.

Mohammed is now participating in everyday tasks with some support. He's learnt to hoover, make his bed, tidy up, do laundry, and with support, can help cook. He's tried so many new activities and the support team have found he loves anything to do with making music. Mohammed is going out regularly with support and demonstrating enjoyment in his life. He's developing good relationships with staff and starting to seek external relationships.

Adult social care has also developed partnership initiatives to create more opportunities for people with care and support needs to live better, more independent lives. For example, we have been working with the council's employment support service and VSC partners to increase employment opportunities for disabled people (see IR 22). We also work with the Barnet Group (the council's housing arm, an arms-length management organisation or ALMO).

Areas of focus

Continuing Health Care (CHC)

There are standard ways of working agreed across North Central London between the ICB and five councils, including a disputes policy and Terms of Reference for a joint CHC panel.

Locally there have been challenges with quickly resolving disputes about cases and so a weekly panel has recently commenced to maintain steady progress. To improve legal literacy, all social care staff undertaking CHC work have undergone externally facilitated training and we have now commenced joint training with the local ICB CHC team to improve shared understanding across the professions.

Hospital discharge

Whilst we see our hospital discharge service as a strength, we also recognise there is more we can do collectively as a system to make further improvements for residents and also secure better value for money. There is a North Central London hospital discharge improvement programme, co-sponsored by Barnet's Director of Adult Social Care. As part of this, all local partners are currently involved in a project on the wards of Barnet Hospital to better enable people to go home independently on Pathway 0 when they are ready to leave hospital through a series of practical and cultural changes. This has shown promising results in the first month of activity and will report more fully at the end of April 2024. It is likely that the work will then be extended across the other wards at Barnet and also the community hospitals.

The joint programme has already focused on how integrated discharge teams should operate and has future plans around shared systems and data sharing.

Self-assessment Theme 3: How the local authority ensures safety within the system

Safe systems, pathways, and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.

Kofi's story

Kofi lives alone and he spends his time reading the bible and he also enjoys going for walks in the local area when he has a good day. His social worker supported him to find a suitable church in his local community to attend. Kofi explored voluntary/community groups and found a mental health wellbeing support group. He keeps in contact with friends and family by phone and they sometimes visit him.

His accommodation was deemed as unsafe and unfit for purpose, and he was supported to explore and look at his housing options to find properties that would meet his needs now and in the future. Kofi now lives in an extra care supported living home, and he now enjoys many of the arranged activities for example, adult colouring books, cooking with his carers and group afternoon teas. He reported to the Manager that the 'colouring-in' has improved the dexterity and movement in his hands.

Kofi describes his cultural background as African Ghanaian, and he told his social worker that he missed eating homecooked traditional meals. As part of the support planning, his social worker searched for a carer within the care setting who could cook traditional Ghanian meals with Kofi.

Unfortunately, Kofi had been subjected to financial abuse, but with support from his social worker and prevention & wellbeing coordinator his finances were safeguarded, and measures were put in place to ensure future financial stability. He was also referred to Age UK for future life planning and to maximise his income.

Kofi reported back to his social worker, 'I am so thankful to everyone who truly cares about me, I feel very supported and cared for, and I am very happy where I live now'.

Areas of strength

Transitions from children's services

At Barnet, our ambition is to enable a smooth transition into adulthood and adult services for young people and their families, with care and support reflecting their eligible needs and aspirations for the future. The Transitions Team works with young people transitioning to adult social care services up to 25 years who have a disability. Young people with mental health needs are supported through transition by our specialist mental health social work teams. The Transitions Team works to build relationships with young people from the age of 16 years, working alongside Family Services social work teams, SEND, and other relevant services. Every young person has a review and an updated care

plan, before the transition takes place, and a case summary/closure case note are obtained. Regular meetings are held between the Transitions team, Localities Team Managers and Heads of Service to review how the transition has gone, and to ensure effective planning for people being transferred in the coming 12 months. Risk assessment is a core aspect of the assessment of people's needs alongside the focus on personalised care and support. Dedicated practitioners in the transitions team focus on the pre-18 work which is enabling them to build excellent working relationships with local schools and other partners.

The Mental Health Transitions Panel provides oversight and enables continuity of care, timely transition of cases and referrals on to appropriate organisations. Work has been completed to ensure that our multi-agency process includes all relevant young people, including those who have not received a service from CAMHs.

Review post-hospital discharge
We have a well-established model for hospital discharge which is described in the section above. If someone leaves hospital and moves to a care home, the same social worker will complete the review post-discharge and have a particular focus on whether the individual has sufficiently recovered to enable a move home. All pathway 1 discharges home are transferred to the Adults Early Intervention Team (AEIT). They lead our enablement service – providing occupational therapy input and training for our commissioned providers. They gather insight from the enablement providers and use this to complete reviews for all residents leaving hospital to a community location. So far in 23/24 there has been 2,239 episodes and 203,000 hours of reablement; during this same period almost 70% of episodes have ended without the need for a long-term service.

Front door to long term teams
There are clear and established protocols for how Social Care Direct and the MASH team handover any long-term work to the relevant teams. This includes the documentation of a robust handover case note on Mosaic to make clear the short-term actions that have been completed and the longer-term work still required. The team managers in the different services regularly meet together to review pathways and minimise any potential points of tension between teams.

Areas of focus

Consistent early engagement with young people and families to support the transition from children's services to adult social care.
We know that consistent early engagement with young people and families is crucial to developing relationships and improve transition to adult social care. To address this issue, we have reorganised the Team to ensure there are dedicated practitioners who focus on supporting young people from 16 years old. We have formalised working arrangements with the borough's special schools where a large proportion of young people who transition to adults are studying. This includes holding family meetings organised by the schools with teachers to build trust as we talk about transition. We have proactively worked to join up ICB teams leading on Continuing Care for children and CHC for adults to ensure funding eligibility and case management responsibility is clear before residents turn 18. Our priorities for the next year are:

- Develop pathways and protocols for transition from SEN.
- Refine for pathways for transition for non-LD clients with a mental health primary presentation.
- Refine scope for Transitions work with clients 18 years plus to transfer to LD and localities teams once cases are stable with care and support arrangements in place rather than at a specific age point.

Work to strengthen transitions pathways for adults who are neuro divergent.
Having listened to feedback from autistic adults and feedback from our ADASS peer review, a programme of work to strengthen transitions pathways for adults who are neuro divergent has been established. It has 3 workstreams, training, autism champions and mapping. The training workstream is delivering Oliver McGowan training to council Adult Social Care staff. This will enable our staff to better support, adults with diagnosis of autism. Autism champions are in place and our commissioned provider and partner Barnet Mencap have launched the Autism Hub. Please see IR 11 and IR 13 for further information.

Embedding changes in equipment and care technology services – improving impact

In 2023, we recommissioned both our community equipment and care technology services. We are working to continue embedding the new assistive technology service and we want to increase the use of a wider range of technology for the people we support, proactively adopting innovative technologies that will help people to maintain their independence, help people progress, manage risk and improve safety. We are working with the provider to keep developing the service and have ambitions to innovate further. Priorities include work with transitions, in supported living settings and at hospital discharge.

Though the new London-wide Community Equipment contract had some initial delays to implementation, we have seen performance improve across all domains in recent months, and urgent deliveries have been consistently prioritised as well as urgent collections. Comprehensive performance information is still subject to improvement under NRS's performance improvement plan and we will keep working with consortium members and the provider to embed the contract and reporting arrangements. Please see IR 9 for more information.

Mental Health Service

There is currently an ongoing industrial relations issue with Barnet Unison and staff in the two mental health locality teams and the AMHP team have taken discontinuous strike action in recent months. We have taken legal means to ensure that all our Care Act duties are fulfilled during the periods of industrial action. Around half of the staff are still at work during periods of industrial action and they have been supported with capacity from other teams and as-and-when social workers directly employed by the council. Our Principal Social Worker and the quality in practice team have provided focused support to the Head of Service to bolster service delivery during these times.

Background to the industrial action: Unison, the trades union have requested a 20% recruitment and retention payment for qualified social workers in the three teams. The council do not feel that there is a legitimate case for a payment to just these teams in accordance with the policy. The council recognises that there is a challenge nationwide in recruiting experienced qualified social workers and occupational therapists but does not accept that there is a more acute problem in these mental health teams.

Across adult social care, 83% of posts are filled by permanent members of staff and the vast majority of the rest are covered by agency. The three teams taking industrial action have 85% of posts filled by permanent staff. The Skills for Care State of the Workforce report in 2023 showed that the average social work leaver rate in councils for adult social care was 17.1%. All services in Barnet have a leaver rate lower than this, and in the three mental health teams the rate is 15%. Salary benchmarking data from outer London boroughs in October 2023 shows that our pay is competitive as shown below:

	Newly qualified		SWs		Lead practitioners	
Barnet	39,951	39,951	39,951	44,019	45,021	50,031
Outer London Average	36,945	39,301	38,634	44,912	45,650	49,411

None of the outer London councils had an extra payment for Mental Health social workers. Different pay arrangements exist for AMHPs and benchmarking showed that ours are some of the most generous, with all AMHPs on the social work grade paid at the lead practitioner grade.

We do take the challenges and issues facing the service very seriously and recognise the pressures across the mental health system. We are working hard to try and resolve the dispute and have been in engaging in ACAS facilitated discussions. We have suggested a smaller recruitment and retention payment but for all qualified social workers and occupational therapists across the whole of adult social care (which is likely to cost slightly more than the Unison proposal). A range of mitigations are employed to manage the impact of the industrial action and limit any impact on residents.

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.

Ola's story

Ola had experienced domestic abuse and fled their ex-partner, but at the time of referral to adult social care, was still living in fear. The social worker met Ola, and spent time building a relationship, and developing trust. Working with Ola, the social worker explored wider agency support with them, such as IDVAs and local police support. Together, Ola and the social worker explored several technologies, such as panic alarms and phone apps, to support Ola to feel safer and improve their sense of wellbeing. The social worker also referred Ola to MARAC. When Ola began to feel safer, their social worker encouraged and supported them to explore wider life opportunities and obtained access to therapy for them. The social worker then supported Ola to focus on their hopes for the future and how to get there.

Areas of strength

Multi Agency Safeguarding Hub

Barnet has a Multi Agency Safeguarding Hub (MASH), co-located with the Children's MASH, to support partnership working. Other co-located and virtual MASH partners are the Metropolitan Police, SOLACE Women's Aid, and NHS colleagues. Barnet, like other councils, the Police, and the NHS in London, follows the pan-London multi-agency safeguarding policies and procedures.

Our MASH works collaboratively with adults at risk and their families, to ensure their desired outcomes are achieved, putting the principles of Making Safeguarding Personal (MSP) central to our work. We work closely with the Children's MASH on transitional safeguarding. We work together with the Children's MASH to support adults with care and support needs whose families are undergoing safeguarding processes, taking a 'think family approach'.

Pressure Ulcer Panel

The Pressure Ulcer Panel (PUP) is a muti agency response to support health and care practitioners in Barnet to screen and assess pressure ulcer referrals and support the decision-making process on safeguarding referrals. This includes referrals received by Barnet Adult Social Care from the Royal Free NHS trust, CLCH (Central London Community Healthcare) or any other community services directly involved in pressure care.

We have created PUP in response to feedback from partners and our own analysis of pressure ulcers referrals received from health partners. The PUP is jointly chaired by a nominated representatives from adult social care and CLCH. The PUP provides guidance with screening of safeguarding referrals in relation to pressure ulcers and skin integrity concerns received from partner agencies in accordance with the Safeguarding Adults Pressure Ulcer Protocol by Lyn Romeo, Chief Social Worker for Adults

PUP provides the opportunity to identify themes and trends arising from cases. The identified themes and examples of good practice inform the learning and development needs of professionals working across all agencies. For example, in September 2023, the Provider Safeguarding team together with Care Quality Team delivered a presentation on Section 42 criteria and the enquiry process to the care provider managers' network. This was well

received with positive feedback. It improved providers understanding of their role and responsibility in the safeguarding process. Following the presentation, we noticed an increase in safeguarding concerns received from providers (197 in comparison to same time last year 171).

Mark's story

Mark, 39, moved to the UK in 2023. He has a diagnosis of Paranoid Schizophrenia and when referred to the MASH lived with his mother Anna in her one-bedroom property. Mark has a degree in psychology and in the past, when well, Mark would independently travel to teach.

The home situation was very volatile with Mark and Anna in regular verbal altercations. Anna felt she could not support Mark at home any longer. There was an element of social vulnerability to Mark too as he is keen to make friends and uses various online platforms, which in the past placed Mark at risk of exploitation. Mark has said he does not like to talk to professionals.

The allocated MASH social worker made initial contact with Mark who declined to talk and asked his mother to talk on his behalf. Over a period of weeks, the social worker carried out several visits to Mark and his mother at home to better understand their family situation and family strengths.

The social worker was able to gain Mark's trust and he was able to talk about the support he needs. Whilst Mark is largely independent, he benefits from support around maintaining habitable home, welfare benefits and housing related needs. With support from the social worker, Mark and Anna devised their safeguarding plan. They were supported with contacting various social landlords that offer supported accommodation with low level support.

Mark viewed a flat that he liked and moved into it shortly after viewing. Anna reports to be feeling less stressed and is grateful that Mark has regained his independence, in her own words: "Mark is now settled in supported housing and is very happy. Both of our lives have positively changed, and we have a great mother and son relationship once again."

Effective management of provider concerns

We have a large number of care homes in Barnet with a significant number of adults placed here by other local authorities. Our provider concerns policy sets out how we work with providers when there is risk to the health and well-being of residents who use our commissioned services.

Regular Provider Concerns Information Sharing meetings between social work teams, our Care Quality function and the CQC enable the sharing of intelligence about providers, supporting a multi-agency approach to care quality assurance and improvement, and enabling early intervention. There is a well established approach to provider concerns with effective working between the council and partners.

The Provider Safeguarding Team has established a close working relationship with the Care Quality Team. This means that the Care Quality Team can quickly action recommendations made by the Provider Safeguarding team following the outcome of the safeguarding investigation, ensuring the care provider implements any improvements needed in a timely manner.

This joint working also means both teams can quickly pick up trends and patterns that might be newly emerging with a given provider, enabling us to act more swiftly and offer support, training or guidance to avoid similar safeguarding

issues happening again. We have seen a positive response and engagement from providers who receive our multi-agency support. Our robust monitoring system enables us to track the progress of a provider's improvement plan and act swiftly if a provider fails to meet its improvement goals/targets. We currently have two providers in the provider safeguarding concern process, and both have active improvement plans in place which are being monitored.

Multi-agency risk panel

The risk panel is a multi-agency meeting of professionals, who share their knowledge and skills to support the effective management of high-risk situations that people with lived experience are in. The primary focus of the risk panel is to safeguard individuals and prevent further risk of harm, where every effort has already been made by professionals to manage risk but there remains significant unmanaged risk. Membership is made up of adult social care, environmental health, community health, ICB, fire brigade, mental health trust and community safety.

The panel aims to ensure we work in a coordinated way with other agencies. The panel ensures, in high-risk cases, that information has been shared appropriately, to effectively manage risk and to achieve the best possible outcome with the adult(s) at risk.

Daisy's story

Daisy was a 74 -year -old lady. She had various serious health issues, drank frequently and very heavily which, along with severely neglected environment, put her at high risk of harm, self- neglect, falls, and fire at her home. Providing a support package was difficult due to Daisy's refusal of care and rejection of carer support.

At risk panel there was a multi-agency discussion, the comprehensive 8 stage risk assessment was shared to ensure all risks were identified and managed. A specialised care agency was arranged with a carer from the same cultural background who built up a relationship with Daisy. Daisy began letting all carers visit and her safety and quality of life improved with regular support. The social worker fed back that risk panel had helped her to review the risks, be accountable in managing them, and explore a way forward with the multi-agency team.

Sharing learning from thematic and statutory reviews all the way to frontline practitioners

We use a range of communication, learning and development tools to ensure thematic learning is disseminated to improve practice and outcomes for people. We disseminate learning through sharing summary briefings, holding lunch and learn sessions and using the learning in formal training for both adult social care practitioners and staff working in our wider system. The SAR review sub-group of the Barnet SAB oversees dissemination of learning across the safeguarding partnership, and reviews SARs and learning reviews from other SABs, to ensure that this is also disseminated in Barnet.

In the last 24 months there have been 2 thematic SARs completed:

- Colin - Multiple Exclusion Homelessness Safeguarding Adults Review
- Phil - Multiple Exclusion Homelessness Safeguarding Adults Review

The IR 27 return includes the final reports for both of these. It also includes a report on the Barnet SAB response to the review findings that summarises learning.

LeDeR

We also ensure that learning from Learning Disabilities Mortality reviews (LeDeR) is shared, and that improvements are made across the system. The Barnet LeDeR Steering Group reviews all LeDeR reviews undertaken for Barnet Residents. In 2023/24 key themes that the community learning disability service have followed up include:

- The importance of GPs undertaking annual health checks. Barnet has a great record for annual health checks but there are gaps in GP performance.
- Need to ensure appropriate health care screening is accessible (e.g. cancer).
- The LD team working with hospital LD Liaison Nurses around timeline and planning when discharging clients from hospital, and communication/coordination between hospital, GP and care provider.
- Providers ensuring that hospital passports are in place when clients are admitted.
- The issue of staff training and awareness for supported living staff where additional care needs for the individual are present post discharge (e.g. catheter care).
- Supported living staff training and awareness around resident health conditions and when it is appropriate to call the G.P, community health professionals, and emergency services.

Making Safeguarding Personal - people's voice

In keeping with our Engagement and Coproduction Strategy, we are doing more to hear people's views about safeguarding and to promote making safeguarding personal. We have introduced a safeguarding feedback questionnaire which we will roll out widely, and which focuses on making safeguarding personal.

Throughout April and May upon closure of section 42 enquiry, and as part of it, the responsible Safeguarding Adult Manager or the Team Manager will contact the adult at risk or their representative and collect feedback. The feedback will be analysed, and any identified themes will be discussed at the Quality Board to help us draw an action plan.

We want to ensure that people are supported to express the outcomes they want to achieve through safeguarding and are enabled to keep themselves safe and manage risk. We ensure that people have advocacy to support them to do this. In the last 12 months, 223 adults who lacked capacity were supported by an advocate (professional advocate, family, or friend).

Strong partnership working

We have strong and open channels of communication with our safeguarding partners and have effective protocols in place. For example, quarterly meetings are held with the Voluntary Community Sector (VCS) around safeguarding. The focus of these meetings is to strengthen partnership working, share new key information, obtain feedback, and through this, improve operational working.

Areas of focus

Safeguarding timeliness

This is a constant area of focus so that we ensure our processes for safeguarding people are effective. Our internal indicative timescales set targets of 3 working days to complete a concern decision and 28 working days to complete an enquiry. For complex enquiries, often involving other professionals such as the police, especially those were there may be legal proceedings, we know that this 28-day target may not be feasible. We monitor response time scales on a regular basis through our reporting systems and take action to address issues.

Quality and timeliness of safeguarding interventions are monitored through regular sampling audits by the Head of Service for Safeguarding, Access and Occupational Therapy in addition to the other measures in our practice quality assurance framework. Guidance and support are provided to practitioners and their managers to address any blocks and challenges. This includes using the Safeguarding Adult Board escalation policy. In January 2024, the Head of Safeguarding, Access and Occupational Therapy Team, and Principal Social Worker met with the North West BCU (police basic command unit) Police Lead to discuss challenges, identify methods for better partnership work and agree an escalation process. As a result, the three longest open safeguarding enquiries progressed to closure.

We continue with our monthly quality assurance and addressing any concerns directly with the individual staff members and their line managers via performance management. Any concerns identified during the process are escalated to the relevant head of service and further actions are considered.

Deprivation of Liberty Safeguards

Due to the large number of care homes in the borough, we receive a large number of requests for deprivation of liberty safeguards (DoLS) assessments and authorisations. To address the demand, we established a dedicated team, have over time increased the resources working on DoLS, and utilise the ADASS Prioritisation Tool for Deprivation of Liberty requests. This ensures that cases are allocated according to risk and the team regularly re-prioritise and ensure that all urgent cases are promptly allocated within two working days.

The team has three lead practitioners, all qualified BIAs, and other work is allocated to a network of independent assessors on our framework. We are in the process of creating more internal BIA capacity. Our quality assurance systems and audits demonstrate that our practice is of good quality, however we know we need to reduce the times that people wait for completion of the DoLS process and authorisation.

The council has allocated additional budget for DoLS assessment work in 23/24 and 24/25. This has enabled the team to allocate more assessments and the number awaiting an assessment is reducing. Community DoLS are managed by the case holding teams and there is no waiting list for these.

Improve under reporting from minoritised communities

In partnership with the Safeguarding Adults Board (SAB) and partners, we want to promote a shared understanding of safeguarding across all our diverse communities. We want to ensure people from communities that are less likely to raise concerns know how to and feel supported to do so, whether it is about them or another person. The SAB manager has worked with the VCS to develop a project which is being delivered through the SAB, to conduct research and engagement with minoritised communities in Barnet, to increase understanding of safeguarding and create appropriate and relevant awareness raising information, working with communities to develop these.

Self-assessment Theme 4: Leadership

Governance, management, and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

Reviewing and developing Risk Panel

Risk Panel is a multi-agency forum that provides advice and support to all professionals working in Adult Social Care, where practitioners can bring high risk situations to support safe risk management.

We identified with partners that it would be helpful to review our risk panel which involved feedback from staff and partners. The review highlighted the useful nature of this forum for staff, in particular:

- A place where staff feel confident to seek extra multi-disciplinary input
- Ensuring there is support to get the appropriate service or discipline involved
- A helpful platform for coordinating unmanaged risks amongst multiple agencies
- A good place for check and challenge – practitioner and organisational reassurance that all possible steps have been taken

As a result of the review, new Terms of Reference have been developed to define more clearly what the risk panel does. New membership includes other key partners as guests as and when required, such as Mental Health trust, housing and police representatives.

Areas of strength

Governance

Our Plan for Barnet, the council's corporate plan, sets out the overall ambition for Barnet, with the ambition that everyone can live well and be part of their community. Our Plan for Adult Social Care is the strategic plan for ASC in Barnet.

Adult social care operates with the Council's constitution, scheme of delegation, and performance and risk management framework, through which we give assurance on the delivery of our Care Act duties. The council moved to a Cabinet system of governance in May 2023, having been governed through a committee system since 2015. The move to a Cabinet system re-introduced a scrutiny system. The council has one Overview and Scrutiny Committee, with two sub-committees: one for adult social care and health; and one for children's services. People with lived experience are now part of our corporate governance processes, as independent members of the adults and health Overview and Scrutiny Sub-Committee.

Assurance on adult social care and delivery of Care Act duties is provided through robust management and oversight arrangements. The ASC leadership team reviews and oversees performance, risk, compliments & complaints, and feedback from residents. A dedicated Quality Board oversees practice quality and implementation of our quality assurance framework. ASC practice quality and performance is reported to the council's corporate management team on a quarterly basis. The adults and health overview and scrutiny sub-committee scrutinises ASC performance and risk, feedback from residents, new initiatives and a wide range of topics relating to adult social care. Key decisions are made by Cabinet and there are a range of strategic meetings with Cabinet members.

The Safeguarding Board provides oversight, support and challenge of ASC safeguarding performance and quality.

At all levels within ASC, there are clear roles and responsibilities, and systems for monitoring delivery of our duties and people's experiences and outcomes. These are described in our scheme of delegation, our quality assurance framework, our team profiles, our performance management arrangements and in our policies and procedures, including our supervision policy. A core part of our governance approach is securing feedback and assurance on people's experiences and outcomes. We do this through our practice quality assurance framework, our compliments and complaints system, our performance management system and reports, individual feedback gathered by practitioners during our work with people, feedback on care providers and the work of our Engagement Team.

Quality assurance framework
Our approach to ensuring quality is underpinned by our Quality Assurance Framework, which is overseen by our Quality Board. This includes:

- Our independent practice audit programme
- Peer audits and shared learning sessions
- Supervision audits
- Practice development forums
- Direct observations

The Quality Board ensures action is taken to continuously improve both practice and the supporting tools that enable best practice; for example, redesigning MOSAIC risk assessments and developing new safeguarding pathways. The Quality Board ensures clear decision making, that learning is shared, and outcomes monitored. The Quality Board undertakes 'deep dives' into the quality and practice in each of our service areas on a regular basis.

Internal and external audit programme
Two independent case audits take place each year and involve people with lived experience, in addition to management audits and peer/self-audit. Our audit tool is based on the Think Local Act personal I statements, Care Act and other legal duties, and has been adopted by other councils.

Each practitioner and their line manager have a 1:1 audit and learning session with the external auditor, which provides space for reflections and learning opportunities for both the practitioner and their line manager. Following each audit, feedback and recommendations are shared with everyone involved in the audit, managers in social care and the corporate Council Management Team (CMT).

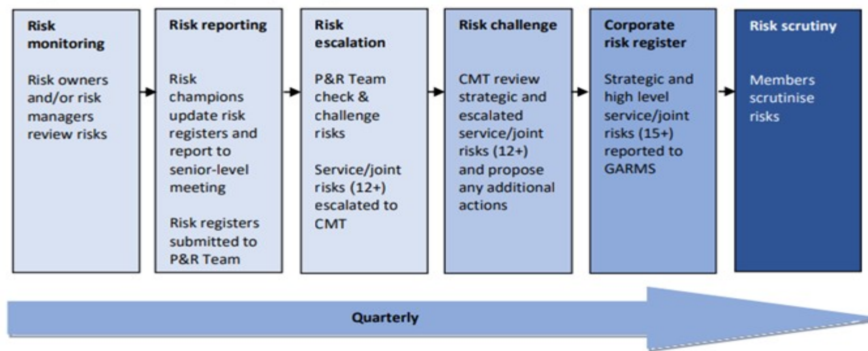
Action plans are put in place after every audit, to ensure continuous improvement. These are monitored through our Quality Board.

Supervision and reflective practice
In Barnet, supervision is a reflective process in which the wellbeing, practice, workload, and performance of each member of staff is considered and reviewed. Its purpose is to further develop skills and knowledge, enhance understanding of professional practice, interventions, and responses in the work, and increase the practitioner's self-awareness to improve standards of care.

Reflective practice sessions are also offered using a variety of models, including action learning. Reflective supervision, either one to one or in groups, provides a space for practitioners to reflect and consider the emotional impact of their work, their unquestioned assumptions, the biases they bring, and varying perspectives (including theoretical perspectives). This approach enables practitioners to develop self-awareness, critical thinking and sound decision making. We offer other forums, such as, informal discussions with managers, peer discussions, team, and practice meetings.

Risk management approach

We have clear risk management and reporting arrangements between Members, the Corporate Management Team and service delivery. ASC maintains a comprehensive risk register where all identified risks are captured and reviewed on a quarterly basis in our directorate risk register. Our oversight and management of risk, coupled with data relating to performance outcomes, is key to informing our policies, strategies, and resource allocation. We work with our cross council internal audit team to identify key risk areas and to define the focus for specific audits over a year as well as participating in cross cutting audits on areas like contracts or risk management. The risk register and audit outcomes are reported to the ASC leadership team and the council's corporate management team. Risks and audit outcomes are also reported to scrutiny committee and sub-committees, and Governance, Audit and Risk Management Committee and Cabinet in line with the council's policy.



Caldicott Guardian and information management

The adult social care information management framework is part of the council's Information Sharing Policy and provides guidance for staff when entering an information sharing arrangement. The Records and Information Management Team (R&IMT) is a corporate resource which supports us with compliance around information law. Within ASC, the Health Information Exchange allows our staff and health care professionals to access and securely share a patient's medical information electronically. This helps us to provide safer, more effective care tailored to people's needs. The Assistant Director for Quality and Performance, holds the responsibility as the Caldicott Guardian, providing leadership to ensure confidential information about health and social care is used appropriately. Staff must complete information governance management training.

The service has regular Information Management Governance Group (IMGG) meetings to discuss information governance issues with a range of members from within the service and corporate colleagues. The group discusses, records management, data security and emerging trends and themes. The group also has links to corporate groups for information governance and security including the security forum and working groups and the corporate digital board.

Staff have access to **Barnet's policies and procedures,** and guidance relating to their Care Act responsibilities, roles, accountability, and governance on our Tri X system. Public facing policies are published on our website, such as our Reward and Recognition policy for people who are involved in co-production.

Compliments and complaints

We are committed to having a positive approach to dealing with compliments and complaints. We deal with all complaints impartially and professionally. Both positive and negative experiences are welcomed as an important part of improving our service. This enables all service teams to learn from the representations that are made and improve quality of services. This insight provides us with a wider understanding of issues, ensures opportunities for improvement are realised and are used to prevent the reoccurrence of problems, where possible.

When a complaint has been upheld, or partially upheld, we ask the Head of Service to consider how we can learn and improve from this feedback. We capture the learning from complaints, including from those reviewed by the Ombudsman. We produce monthly complaint and compliment reports addressing themes and trends. Our social care complaints annual report is reviewed by the council's Health and Care Overview and Scrutiny Sub-Committee and published online. We are proud of the compliments that ASC receives and also use these for learning and continuous improvement. See IR 3 for our annual complaints report.

Areas of focus

Continue to improve our services based on feedback and co-production

We want to continue to develop and improve the way we use feedback and co-production in the round to drive continuous improvement and respond to new and emerging needs. We have been implementing a new approach to direct feedback from people who draw on care & support as they go through the assessment and other process. This is a direct survey of people and includes occupational therapy and safeguarding interventions and our locality teams for older adults and physical disabilities. Our ambition is to extend this so that every person is surveyed. We then use the individual results to ensure everyone has the best possible experience and use the aggregate results to continue to improve across the service.

The introduction of new power BI dashboards is helping us to see a broader picture of our resident experience data. This helps us develop a data driven, triangulated picture of the feedback we receive and gives us the opportunity to continue to learn in the round from our direct feedback, complaints, compliments, national surveys and other feedback from engagement and co-production. Our next step is to build on this further to create a dynamic tool which utilizes all available information and supports resident insight-informed service development at scale. This will include the development of a new formal learning framework, which outlines how we bring together quantitative and qualitative resident experience data to drive change.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

Ahmed's story

I decided to move from locum to permanent and it had everything to do with the team and the entire structure of Barnet Council. I felt so welcomed and at home, to the extent that I decided that I would want to stay in Barnet long term.

My wife even commented how happy and settled I was at Barnet so for me it made sense that I take up a permanent role. My whole family know the colleagues I work with as I am always talking about xx, xx, xx, xx and xx. I can go on but it just shows how close and accessible everyone is. My daughter is only 8 and she often says, "daddy, I want to come and work with you as you are happy to go to work and you have nice people you work with".

I am aware that the pay between agency and permanent might be different, but for me, the most important was the professional relationships I managed to formulate with my team manager, my colleagues and everyone.

Barnet is indeed one happy family and I felt I would not want to lose this so permanent it was. I was also able to arrange a suitable work patten, which would give me the right balance between work and family.

Areas of strength

Coproduction and engagement

Learning from people's feedback about their experiences of care and support, and codesigning and coproducing services and outcomes are integral parts of how we work in Barnet. We have a dedicated Engagement Team which supports our Involvement Board and People's Voice co-production network. The Involvement Board is a strategic group of people with lived experience, which oversees our approach to co-production and engagement. The People's Voice group is a broad network of c. 250 people with lived experience who suggest areas for co-production and who get involved in co-production and engagement (see IR 35 and IR 2).

Our co-production work is wide-ranging and seeks to bring resident involvement voice into all areas. This includes co-produced training, resident involvement in recruitment events and panels, commissioning activity and service development and working groups on different service areas/needs. People and carers take part in various engagement and coproduction projects held throughout the year, based on upcoming service and commissioning priorities. For example, we have coproduced our key strategies, such as the Carers and Young Carers Strategy and the Dementia Strategy, referenced earlier in this document, the all-age autism action plan, and resident involvement forms part of all our commissioning activity.

People with lived experience routinely codesign and take part in service improvement projects, such as mystery shopping and service and pathway reviews including codesigning our carers training and being part of redesigning our assessment form. Insights from co-production and engagement are used to improve services and the way we work, and to identify new areas for us to act on, creating a learning and improvement culture based on people's experience.

An example of this was our 'Better Conversations' all day in person event last year. Residents, carers, social care practitioners and care providers worked together to consider some of the language used in social care and agree on

some standards. It was also an opportunity for residents to work with practitioners and care providers to shape the new assessment and feedback forms prior to their introduction. As a result of this, changes were implemented to documentation and the Quality in Practice and Training Team are working with residents on coproducing an element of the training resources on strength-based approaches including development of the training materials and codelivery of elements of training.

We also learn and seek to improve based on qualitative and quantitative feedback, including from individual feedback mechanisms such as compliments & complaints, individual feedback surveys and national surveys. For example, we established a working group of people with lived experience to improve information and advice in the borough, as the results of the national person and carer survey showed that some respondents did not find this easy. Participants helped us identify their own examples of good practice, where they found information and advice was more accessible, well presented, and easy to use, and we will be incorporating this into our website, communications and work we do with our information and advice services. The group also suggested some ways to use future mystery shopping to draw out accessibility of information and advice. As a result of this, a further group is planned to work on coproducing the criteria and scenarios.

Several local authorities have approached us for information, advice, and guidance in relation to coproduction and we have shared our learning with them.

Inviting in external challenge and perspectives
We welcome external insight and challenge to support our curiosity and analysis of how to continually improve. An example is the ADASS peer review of Adult Social Care in January 2023, which highlighted areas of good practice and has informed this self-assessment and our areas of focus. Insights on good practice included: assessment good practice and strengths-based practice; preventative and wellbeing offer in supporting healthier lives; partnerships and integrated working; commitment to equality, diversity and inclusion (EDI); visible leadership, learning culture and workforce retention; co-production and engagement; strong use of data and evidence; and good governance and practice. Areas for further exploration included managing demand in the future and continuing plans to develop services and priorities.

We also undertook an internal advisory audit of our preparedness in approach to the CQC assurance framework in 2023. This audit found senior leaders within Adult Social Care to have been active participants in the pre-inspection approach being taken; a determination to present an honest narrative of the service; and observed that this was done in an environment of trust and healthy challenge. Our drive to continually learn and our collaborative and open approach was key to developing this self assessment, which began with a series of workshops with staff, partners (statutory and VCS partners) and feedback from residents.

The council also undertook a Local Government Association corporate peer challenge in summer 2023 which highlighted that the council is a well-managed and well-run organisation; it recognised the ambition of our plans for the future and had particularly strong praise for our relationships with partners and commitment to EDI principles. The report emphasised the commitment of employees and a positive working culture in Barnet.

Another example of this is our recent work with Clenton Farquharson (CBE), disability activist and chair of the board of Think Local Act Personal, to review our approach to engagement and coproduction. We have used his advice, guidance, and insight as part of delivering the Engagement and Co-Production Strategy and refreshing of our Involvement Board in 2022-23.

External work
ASC is strongly committed to partnerships and external work to support continuous improvement, learning and innovation. Barnet led the establishment of the North London Council's Adult Social Care Programme (see IR 22), our sub-regional partnership focused on continuous improvement in social care, as none was in place. The programme

has delivered significant improvements to social care and partnership working in the sub-region. By working at the footprint of the five London boroughs, we are able to address critical areas such as recruitment to the care provider workforce in a way which is not possible by working alone.

Barnet ASC colleagues are active in other key networks. For example, our DASS is the chair of London ADASS and a national ADASS lead for integrated care. Our director of commissioning is part of the pan-London Care Homes Quality Group. Our Principal Social Worker is an LGA peer reviewer and actively involved in both the London and National PSW network along with the local North Central London PSW Network which, along with providing peer support is a forum for joint working across NCL including our NCL approach to CHC and hospital discharge. The head of Mental Health services attends the partnership for mental health law committee which is an ICB lead meeting to review and ensure compliance under the mental health act and across health and social care services. Our Head of Learning Disabilities is a member of the London ADASS LDA group which looks at how we can work together across London on priority areas for people with a learning disability and autism which has included preparing for adulthood, commissioning health inequalities, and autism. Our Director of Adult Social Care leads on hospital discharge and CHC for the five North Central London boroughs.

Workforce inclusion, support and development
In Barnet we are working to create the most representative and effective teams to support the communities we serve and strive for equity and inclusion in all we do. Our council wide Equality, Diversity, and Inclusion (EDI) Roadmap for the workforce is supported by the cross council EDI steering group, Corporate Management Team (CMT), wider management and Barnet Equalities Allies (BEA) Leads. The EDI Roadmap has six objectives:

- We have an inclusive culture, based on an empathic understanding of people's life situations, and lived experiences.
- Our workforce is representative of the communities we serve, at all levels.
- Our working environment is safe and supportive, free from bullying, harassment, and micro-aggressions, where all staff can bring their whole selves to work.
- All staff are given the opportunity to grow and develop.
- Barriers to equality are better understood and eliminated.
- Equalities, diversity, and inclusion are promoted at all levels of the council, internally and externally.

To date, the council has achieved the following external accreditations; Disability Confident Level 2 Employer, White Ribbon Ambassador accredited organisation, Stonewall accreditation, Signatory to the Race at Work charter, Borough of Sanctuary, Bloody Good Employer.

To help us create an inclusive work environment, our staff networks provide support, advice, and a sounding board in a safe, and confidential environment. We have the following staff networks: anti racism resource group, Black resource action group, community informed resource group, cultural diversity group, disability network, LGBTQ+ network, the women's network and the staff carers network.

Action plans are in place both at the corporate level and in adult social care, to help support us to make progress towards our commitment to EDI for our workforce. To date, our work in Adult Social Care has had a particular focus on supporting inclusive recruitment, as well as wider staff progression and development. Some of the key improvements that we have recently delivered include anonymised shortlisting, increasing the diversity of interview panels, and sharing interview questions to candidates in advance. Monitoring of progress is reported up to our council wide EDI steering group. Leadership and capacity for our work on EDI sits with the Engagement Team. Members of the ASC senior management team rotate attendance on corporate EDI groups and programmes to maintain shared accountability and ownership of the agenda and recognise that EDI must be visibly the responsibility of all senior leaders and embedded throughout each service. Please see our workforce strategy in IR 19 for further information.

The Quality and Practice Workforce Development Team (QiPWD) provides learning and development support to all staff underpinned by quality assurance remit as set out in our Quality Framework. The yearly workforce plan details the focus of the team updated annually flexing to meet requirements driven by service and individual need along with responding to and acting on feedback the wider service receives, including from residents and audit. Please see IR 19 for further information.

In addition to core training and the core staff development programme, the QiPWD Team will deliver tailored support to each service area. Each service area has a dedicated link worker from the team that meets regularly with Heads of Service/Team Managers to define the priorities and support required for their services. In addition to the positive relationship and tailored support that this brings, it enables easier monitoring of compliance with mandatory training such as meeting the Safeguarding Bournemouth competencies.

Strengths based training has always been a priority area for training. However, in response to feedback from audits, where it was highlighted that although there had been improvements in the recording of the strengths based work undertaken this could be further enhanced, we are giving this renewed focus and are relaunching our strengths based training. Using the roadshow approach of visiting individual teams to deliver training, we will support teams to refresh their knowledge of strengths based practice including strengths based language with a strong focus on Community First whilst creating a safe space to address any existing blocks or challenges through exploring solutions. This year we launch our coproduced carers training with positive feedback and engagement from all involved.

Growing our own

At the beginning of 2020 we invested in our first cohort of Social Work and Occupational Therapist Apprenticeships, supported in partnership with Kent University. Since then, we have continued to invest in our social care staff who wish to develop their career further in either Social Work or Occupational Therapy. This year we celebrated our first cohort completing their professional qualifications.

Working with Hertfordshire University, we support staff to train to become an 'Approved Mental Health Practitioner' (AMHP) sponsoring staff each year to complete this. We have continued to maintain our relationship with Middlesex University offering placement for social work students. In addition, we also offer the 70-day placement for 'Step-up' social work students based in Family Services. We have supported a number of cohorts of graduates to complete the Think Ahead programme and to qualify as social workers primarily in mental health, but we were also the first council to host teams in learning disabilities.

Our staff wellbeing and resilience is important to us, supervision, easy access to managers and senior managers, reflective case discussion and staff networks all support this. Staff can also access a free and confidential advisory counselling service. This is a 24/7 telephone service with professional and qualified trained advisers which can be contacted by phone or online. Staff have access to a Well-Being hub, which contains information on well-being support, and mental health first aiders.

Learning from events and whistleblowing

We have systems for learning from events such as SARS, Ombudsman feedback and other incidents. See IR 27 and IR 34 for more information. We also work in partnership with colleagues to ensure local and national learning is implemented, for example through the Case Review sub-group of the Safeguarding Adults Board. Along with our partners, we are committed to a no-blame, open learning approach. For example, following a SAR concerning a person who smoked and used emollient cream in 2017, we implemented a new programme of risk assessment training for all staff and undertook work with all providers to raise awareness of the risk of emollient cream and smoking. We changed protocols in primary care so that non-flammable cream was used where needed. We implemented a programme of multi-agency training so that all partners were aware of the risks and have followed up on the impact of the learning through periodic audit and review, overseen by the Safeguarding Adults Board.

The council has a whistleblowing policy with a dedicated whistleblowing phone number and email address and a commitment to the Public Interest Disclosure Act.

Areas of focus

Deliver our workforce strategy

Our workforce strategy sets out our focus on recruitment, retention, staff development, support, and wellbeing. It sets goals for EDI in our workforce. Our priority is to ensure we continue to address the needs of our workforce, maintain and increase permanent staffing levels, ensure staff receive high-quality training and improve the representation of our workforce at all levels. For more information see IR 19.

Expand our coproduced training offer and build on the success of our coproduced carers training

Following the success of our coproduced carers training we plan to coproduce more training sessions. Both staff and residents feel this helps staff to develop a greater understanding and apply greater meaning to their work. Over the coming year we plan to expand our resident involvement further in the carers training ensuring that we reflect diversity within the borough. We also plan to explore resident involvement in our refreshed strengths based training with a particular focus on strengths based language.

Adult Social Care