

# **Adult Social Care Management Agreement**

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# 1. Delivering Barnet's Corporate Plan

## Overarching approach to meeting the 2020 Challenge

The council's Corporate Plan sets the framework for each of the Theme Committees' five year commissioning plans. Whether the plans are covering services for vulnerable residents or about universal services such as the environment and waste, there are a number of core and shared principles, which underpin the commissioning outcomes.

**The first is a focus on fairness:** Fairness for the council is about striking the right balance between fairness towards the more frequent users of services and fairness to the wider taxpayer and making sure all residents from our diverse communities – young, old, disabled and unemployed benefit from the opportunities of growth.

**The second is a focus on responsibility:** Continuing to drive out efficiencies to deliver more with less. The council will drive out efficiencies through a continued focus on workforce productivity; bearing down on contract and procurement costs and using assets more effectively. All parts of the system need to play their part in helping to achieve better outcomes with reduced resources.

**The third is a focus on opportunity:** The council will prioritise regeneration, growth and maximising income. Regeneration revitalises communities and provides residents and businesses with places to live and work. Growing the local tax base and generating more income through growth and other sources makes the council less reliant on Government funding; helps offset the impact of budget reductions and allows the council to invest in the future infrastructure of the borough.

**Planning ahead is crucial:** The council dealt with the first wave of austerity by planning ahead and focusing in the longer-term, thus avoiding short-term cuts and is continuing this approach by extending its plans to 2020.

We apply these principles to our **Corporate Plan priorities** of: **Responsible growth and regeneration; managing demand for services, transforming services and more resilient communities.**

### Fairness

- fairness for the council is about striking the right balance between fairness towards more frequent users of services and to the wider taxpayer
- **building resilience in residents and managing demand** – between 2011 and 2016 we've successfully saved over £112m through effective forward planning. In order to meet the council £61.5m budget gap to 2020, we will target resources on those most in need and support residents to stay independent for as long as possible
- this will require a step change in the council's approach to early intervention and prevention, working across the public sector and with residents to prevent problems rather than just treating the symptoms.

### Responsibility

- the council will focus not only on getting the basics right, but also **delivering quality services**, and striving to continuously improve the standard of services
- **promoting community engagement, independence and capacity** - as the council does less in some areas, residents will need to do more. We're working with residents to increase self-

sufficiency, reduce reliance on statutory services, and tailor services to the needs of communities

- in doing so, the council will facilitate and empower residents to take on greater responsibility for their local area.

### Opportunity

- the council will capitalise on the opportunities of a growing local economy by prioritising regeneration, growth and maximising income
- **responsible growth, regeneration and investment** is essential for the borough – by revitalising communities and providing new homes and jobs whilst protecting the things residents love about Barnet such as its open spaces. New homes and business locations also generate more money to spend on local services, which is increasingly important as the money received directly from government reduces to zero
- we will use the proceeds of growth to invest in local infrastructure and maintain Barnet as a great place to live and work as we continue to deal with budget reductions to 2020
- we will explore the opportunity this presents to **transform local services** and redesign them, delivering differently and better
- we will focus on making services more integrated and intuitive for the user, and more efficient to deliver for the council and the wider public sector.

## 2. Adults and Safeguarding Committee – Commissioning Priorities

### Background

- Barnet has a large proportion of elderly residents. 53,976 people aged over 65 live in Barnet in 2017. 14% of Barnet’s population are over 65, compared with 11.6% of the population of London as a whole. The number of people aged over 65 in Barnet is predicted to grow by 8.8% between 2017 and 2021.
- It is estimated that over 4,000 people in Barnet are living with dementia and even greater numbers of families and friends are adversely impacted by the condition. By 2021 the number of people with dementia in Barnet is expected to increase by 24% compared with a London-wide increase of 19%.
- In 2011, there were 32,230 residents who classified themselves as a carer in Barnet. On average carers are more likely to report having poor health (5.2%) than non-carers (4.2%). This is especially concentrated in carers who deliver in excess of 50 hours of care per week.
- Compared to other boroughs Barnet has a high number of care homes. There are 72 residential and 19 nursing homes in Barnet registered with the Care Quality Commission.
- Most referrals to adult social care come from hospitals. The number of hospital referrals we receive has risen by 38% between 2009/10 (2,801 referrals) and 2015/16 (3,875 referrals).
- The number of adults with learning disabilities receiving a long-term service has increased gradually over the last four years, from 824 people in receipt of care and support services in 2013/14 to 864 in 2015/16.
- 40.2% of the adult population aged 16+ participates in sport at least once a week but 53.5% of the population do not currently take part in any sport. Despite this, 61.5% of adults (16+)

want to do more sport<sup>1</sup>. The health costs of physical inactivity in Barnet are currently £6.7m, equating to approximately £1.9m per 100,000 of our population<sup>2</sup>.

### **Pressure on the adult social care budget**

The Adults and Safeguarding Committee has a target to save £15.07m between 2017-2020. In delivering these savings, the council will focus on protecting vital services by managing demand and directing resource to those most in need. Successful demand management relies on understanding the different types of demand, and on the council working differently to deliver positive outcomes. The adults transformation programme has strengths based practice and independence at its core to ensure that these objectives are met. There is also increased focus on building community resilience; helping residents to help themselves so that they are equipped to do more and become less dependent on statutory services.

### **Our commissioning outcomes**

The Adults & Safeguarding Commissioning Plan is underpinned by six outcomes:

1. **Planning for life:** working age adults and older people live a healthy, full and active life, in homes that meet their needs, and their contribution to society is valued and respected.
2. **Early support:** working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.
3. **Person-centred integrated support:** working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.
4. **Safeguarding:** working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk from abuse and neglect.
5. **Carers:** carers are valued as expert partners in supporting working age adults and older people to live independent lives.
6. **Sport and physical activity:** health and wellbeing outcomes are achieved in a manner that is sustainable.

Schedule 1a sets out the Adults and Safeguarding Commissioning Plan 2015 – 2020.

Schedule 1b is an addendum to the Adults and Safeguarding Commissioning Plan for 2016/17

Schedule 1c is an addendum to the Adults and Safeguarding Commissioning Plan for 2017/18

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<sup>1</sup> Active People Survey 10 (December 2016)

<sup>2</sup> Source: Sport England commissioned data from British Heart Foundation Health Promotion Research Group for PCTs, reworked into estimates for LAs by TBR. Measure: Health costs of physical inactivity, split by disease type. Time period(s): 2009/10

### 3. Transformation Programme

The Council's *transformation programme* will help to deliver the £81 million savings required by the Medium Term Financial Strategy. The key benefits of the Adults and Safeguarding Portfolio, along with the expected costs of delivery and financial benefits are outlined in the tables below.

#### Key benefits

Area	Key benefit
Adults Transformation and ADM	<p>A significant programme of service transformation and improvement is currently underway in Adult Social Care, by introducing a strength based approach to social care. This approach focuses on identifying people's strengths, what they can do for themselves and what support they can draw upon from family, friends and local community resources.</p> <p>In parallel to the changes in practice, a new way of organising adult social care is being evaluated, based on maximising the potential to integrate social care and health provision and creating a seamless health and social care service user experience for Barnet residents.</p> <p>As well as improving outcomes for service users, the above initiatives are designed to mitigate the rising demand on adult social care and health services in Barnet, thereby supporting the Council's requirement to remain financially sustainable in the medium to longer-term.</p>
Older People and Adults with Physical Disabilities	<p>Joining up health and social care services so that residents have a better experience and services are delivered more effectively and efficiently. Continuing to improve support planning both for carers and service users including how housing, equipment and technology can increase independence.</p>
Housing and Support projects	<p>Work with Barnet Homes, developers and private landlords to ensure that accommodation supports people to live independently, through home adaptations and accessible housing; use of specialist home support services including personal assistance, integrated assistive technology; and access to networks of local services.</p>
Learning Disabilities	<p>Developing employment support opportunities for working aged adults with disabilities to ensure there are sufficient opportunities available in the borough. Continuing to improve support planning both for carers and service users including how housing, equipment and technology can increase independence.</p>
Mental Health	<p>Refocus mental health social care on enablement, recovery and maximising inclusion. Implement new social work delivery model, aligned with community development whole family approaches and wider wellbeing.</p>
Sports and Physical Activity (SPA)	<p>Appoint a strategic leisure partner, via a new leisure management contract; with experience, commitment, innovation and ambition to work in partnership with the Council to maximise benefits from investment into leisure facilities through improved quality of service, increased participation whilst supporting improved health and wellbeing.</p>

Schedule 2 contains further information about the Adults Transformation Programme.

#### 4. Adults & Communities Delivery Unit – Key Actions (Commitments)

The tables below outline the *key actions* that the Commissioning Group and Adults & Communities will undertake to deliver the *priorities* outlined in the Adults and Safeguarding Committee’s Commissioning Plan. These have been linked back to the Corporate Plan priorities of Fairness: managing demand for services; Responsibility: more resilient communities; and Opportunity: transforming services and responsible growth and regeneration.

##### Managing demand for services (Fairness)

PLANNING FOR LIFE - Working age adults and older people live a healthy, full and active life, in homes that meet their needs, and their contribution to society is valued and respected.					
Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
<b>For all adults with disabilities (learning disabilities; physical disabilities; sensory impairments; mental health needs; complex needs)</b>					
<p>Increase the supply and take-up of supported living and independent housing opportunities.</p> <p>Support more people to live in a home of their own with support.</p> <p>Commission high quality flexible specialist home support services including personal assistants (PAs) that enable people to remain independent.</p>	CG/DU – shared leadership	<p>Work with the CG to implement the new accommodation and support services including ensuring contractual compliance for existing SUs not covered by the framework.</p> <p>Manage referrals to the new accommodation and support providers via a streamlined brokerage service.</p> <p>Using assessments and reviews to work effectively with individuals and their families to enable moves out of residential care where appropriate / avoid admission.</p> <p>Identify individuals suitable for supported living, extra care living and DFGs. Develop and implement a reporting list of individuals<sup>3</sup> and types of accommodation required which should be with the Commissioning Group and Barnet Homes on a monthly basis. Jointly (with The Barnet Group) Chair and manage the monthly Housing Oversight panel.</p>	<p>To design and implement an information and advice offer or service for older people with a focus on accommodation and support, as a development of Later Life Planning. The resource will sit within the reformed social care direct and LBB website resource and be available to all residents (<b>September 2018</b>).</p> <p>Oversee Moreton Close build (<b>early 2018</b>) including allocation policy, tekal dialogue and contract discussions with YCB.</p> <p>Continue to develop the market to ensure availability of providers and housing supply are able to deliver bespoke housing and care solutions to support Winterbourne re-provision and community complex need packages.</p> <p>Re-commission Residential Care for younger adults, where appropriate (<b>2018</b>) developing the market to ensure availability of providers. Gateway review <b>November 2017</b> and transfer to</p>	<p>Barnet Homes and Re -</p> <p>Regeneration and Growth portfolio.</p> <p>Barnet Homes -</p> <p>CCG – Transforming Care</p> <p>HSCI partners</p>	Yes

<sup>3</sup> Note – with Caldicott and data protection requirements therefore may not contain full names

**PLANNING FOR LIFE - Working age adults and older people live a healthy, full and active life, in homes that meet their needs, and their contribution to society is valued and respected.**

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
		<p>Work with Commissioning Group and Barnet Homes to create and maintain a pipeline of individuals appropriate for nomination into HRA developments.</p> <p>Work effectively with individuals and their families to enable moves out of residential care. To develop move on plans for all those assessed to have potential to step-down.</p> <p>Continue to prioritise move on for Winterbourne cases.</p> <p>Provide advice and support as requested to the WLA and NCL collaborative commissioning on market conditions, quality issues and market engagement.</p> <p>Continue to embed strengths-based practice (SBP) and other enhancements as part of the new operating model for adult social care. To include:</p> <ul style="list-style-type: none"> <li>• Completion of SBP programme - individuals who need to experience the SBP Learning &amp; Development Programme (esp. hospitals)</li> <li>• Quarterly induction to SBP</li> <li>• Coaching (including direct observation and feedback) to front line practitioners</li> <li>• Direct working with practitioners whose</li> </ul>	<p><b>BAU January 2018.</b></p> <p>Participate in and, where appropriate, provide leadership to the West London Alliance and North Central London accommodation collaboratives.</p> <p>Map current and future demand and work with public and private developers, with the support of Re, to identify sites for development of extra care and enabled care provision <b>(2020)</b>.</p> <p>Continue to develop commissioning approach (strategy, specification, etc) for strengths-based and outcomes based home care commissioning to follow on from two year framework.</p> <p>Review enablement and intermediate care commissioning strategy and develop appropriate commissioning framework, if appropriate.</p> <p>Assess the impact of Home from Hospital Schemes on the numbers of older people who are discharged to home and redesign service as appropriate <b>(June 2017)</b>.</p> <p>Monitor and manage relationship with Your Choice Barnet (YCB).</p> <p>In line with CCG review of all non-urgent care, review discharge to assess pathway <b>(2017/18)</b> to commission appropriate capacity <b>(April 2018)</b>.</p>		

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Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
		<p>cases have been declined at panel</p> <ul style="list-style-type: none"> <li>• Coaching/ mentoring to team mangers and Heads of Service regarding SBP</li> <li>• Promotion of SBP tools</li> <li>• Strengths-based team mapping and action plans</li> <li>• Production of case studies</li> <li>• Case Auditing</li> <li>• Embedding and sustainment of group supervisions</li> <li>• Embedding, acting on and monitoring concerns logging</li> <li>• Bespoke engagement events bi-monthly</li> <li>• Co-ordination of a plan defining how the principles of SBP will be transferred to providers, voluntary sector and community groups with appropriate colleagues</li> <li>• Supporting the QALF through all of the above</li> <li>• Updating, monitoring and promoting 'Headspace' to increase the use of community resources, telecare and other alternatives to statutory services alongside promoting tools that support strengths based working</li> </ul> <p>Review Learning Disabilities service to identify opportunities to change practices in order to maximise independence of clients and meet</p>			

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Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
		<p>needs at lower cost. Implement agreed options and recommendations.</p> <p>Monitor information and advice contracts (including CAB, Barnet Carers Centre Age UK Barnet) to focus services sufficiently on housing, so that the contracts provide information and advice for service users and their families / carers to enable them to understand their options and plan early. This includes implementing the CAB review.</p> <p>Maintaining the current social care elements of borough-wide discharge to assess pathway once commissioning complete.</p> <p>Embed PA service through promotion at team meetings, training and other communications channels, as well as inclusion in Choose Care roll out.</p> <p>Embed Shared Lives, working with the provider (Harrow) to promote the service and recruit more suitable carers. Track impact and flag number of placements vs target.</p>			

**EARLY Support - Working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.**

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
Develop the employment support offer for working aged adults with disabilities	DU and CG	<p><b>By June 2017:</b></p> <ul style="list-style-type: none"> <li>Train staff and promote employment as good practice in care and support plans.</li> </ul>	Create support resources and map for clients and social work practitioners to be trained new day opportunity and intensive employment products	CSG – procurement	Yes

**EARLY Support - Working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.**

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
(including mental health and learning disabilities) and ensure there are sufficient employment opportunities available in the Borough.		<ul style="list-style-type: none"> <li>Raise employment aspirations as a key component of review and support planning.</li> <li>Employment outcomes to be regularly included in individual support plans.</li> </ul> <p>Identify and produce monthly list of individuals<sup>4</sup> with volunteering / employment aspirations for referral to local services and Council schemes.</p> <p>Referrals to employment support schemes – monitored and reported.</p> <p>Produce guidance and procedures for Adults and Communities Staff outlining best practice in relation to employment in assessment and support planning and review (<b>drafted Q1, finalised Q2</b>).</p> <p>Once commissioned, manage referrals to the new day opportunities services (<b>Q2/Q3</b>).</p>	<p>(<b>May 2017</b>).</p> <p>Workforce inclusion programme – front-line social care practitioners to be trained on new day opportunity and intensive employment products (<b>May 2017</b>).</p> <p>Commission range of Day Opportunities and intensive employment support services (award <b>July 2017</b>).</p> <p>Development of best practice guidance in relation to employment opportunities for Adults.</p> <p>Working closely with other public sector agencies such as Job Centre Plus, develop a clear pathway to support people with mental health conditions back into work.</p> <p>Lead WLA bid for Urban Innovation Funding for Behaviour Change Programme.</p> <p>Work towards level 3 disability confident employer status for LBB (<b>March 2018</b>).</p> <p>Engage the market and seek out new providers for employment support services.</p>	<p>role</p> <p>Regeneration and Growth portfolio</p> <p>Working co-productively and innovatively with local communities, employers, primary care and housing providers</p> <p>0-25 service (Family Services)</p>	
Increase access to meaningful activities and reduce social isolation	CG/DU	<p>Work with providers and public agencies to identify what community, voluntary and faith groups and services are available:</p> <ul style="list-style-type: none"> <li>To ensure practitioners are aware to be able to make referrals</li> </ul>	<p>Deliver all aspects of Barnet’s Dementia Manifesto including Dementia Friendly Communities (DFC) (<b>March 2019</b>).</p> <p>Clarify early support pathways including public</p>	<p>Businesses</p> <p>Community groups</p>	Yes

<sup>4</sup> Note – with Caldicott and data protection requirements therefore may not contain full names

EARLY Support - Working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
		<ul style="list-style-type: none"> <li>• Inform commissioners to support market development</li> <li>• Link the organisation with capacity building support.</li> </ul> <p>Support the delivery of Barnet’s Dementia Manifesto including involvement in Dementia Awareness week <b>(May 2017)</b></p> <p>Share tools to support social care direct staff to sign post to local activities</p> <p>Produce guidance and procedures for Adults and Communities Staff outlining best practice in relation to increasing social networks and community connections in assessment and support planning and review (in line with the Care Act Wellbeing principle and co-produced with staff) <b>(drafted Q1, finalised and signed off by Quality Board and implemented Q2, reviewed Q3)</b></p> <p>Care Space – ensure that the maximum number of assessments and reviews are completed in a community setting.</p> <p>Effectively monitor the prevention contracts.</p> <p>Support the early support tender through contributing to the steering group <b>(bi-monthly)</b>, input into specification development <b>(Q1/Q2)</b>, supporting the engagement by managing the messages with current providers <b>(ongoing)</b>.</p>	<p>health, DU and CG <b>(April 2017)</b>.</p> <p>Review and update voluntary sector prevention Section 75 <b>(April 2017)</b>.</p> <p>Building on the prevention and early support review, develop an evidence-based commissioning plan and work with the market to develop improved early support provision which will be procured <b>(March 2018)</b></p>		

**EARLY Support - Working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.**

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
Continue to improve the review and support planning process (including how equipment and technology can increase independence)	DU	<p>Transition to and embed new telecare service, working with the provider delivering a robust staff engagement plan including staff champions. Use of panel to maximise referrals.</p> <p>Use case reviews as an opportunity to assess effectiveness of interventions from an asset based perspective, share learning and feed into workforce development plan.</p> <p>Support the exit from the Peer Support Brokerage contract (<b>September 2017</b>).</p> <p>Subject to contractual agreement, support the implementation of Choose Care as a platform for management of direct payments and purchasing of services that meet needs at best value.</p>	<p>Through the transformation programme, project manage the alternative delivery vehicle projects.</p> <p>Market management and shaping - identifying current services that could be better utilised and stimulating / developing other community alternatives. Sharing learning with the DU.</p> <p>Manage the exit from the Peer Support Brokerage contract (<b>September 2017</b>)</p>	<p>CCG – pooled budget and risk share</p> <p>Public Health</p> <p>Development and implementation of platform by Capita</p>	Yes
Stimulate the market to encourage providers to effectively focus on enablement and prevention	CG/DU	<p>Work to prevent provider failure by developing a partnership approach to the market and individual key suppliers.</p> <p>Work with providers to develop capacity and quality (e.g. workshops highlighting best practice; strengths-based practice; enabling the identification of outcomes to be delivered; use of toolkits to evidence outcomes) shared approach between JCU and Care quality.</p> <p>Establish and maintain provider forums.</p>	<p>Shared development between DU/ CG of evidence based pricing strategies for all main care categories to address sustainability and national living wage.</p> <p>Building on our Commissioning Intentions and the work of the Care Quality Team, undertake a programme of work to review of the provider market and outline our short and medium term approach to the market (<b>July 2017</b>).</p> <p>On-going involvement in specific contract and relationship management and procurement as agreed between the DU and CG in order to develop the market and ensure commissions achieve their objectives.</p>	Corporate Procurement	Yes

**EARLY Support - Working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.**

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
Continue to embed improved information, advice and planning services	DU	<p>Increase use of information and advice tools, by:</p> <ul style="list-style-type: none"> <li>• Ensuring Mosaic forms and reporting focus on I&amp;A</li> <li>• Active engagement from Prevention and Wellbeing Team with teams and within panel</li> <li>• Updated online information</li> <li>• Development of community directory based on staff feedback (in collaboration with the corporate Strategy Team)</li> <li>• Revamping of HeadSpace</li> <li>• Information and advice sessions in Care Space</li> <li>• Supervision guidance and support.</li> </ul> <p>Through the customer access strategy programme, build on work already completed to refresh all webpages (<b>Q1-3</b>). Develop digital and information and advice strategy (<b>Q2</b>) and implement (<b>Q3-4</b>) (dependent on agreement of resources and business case). To potentially include increased transactional and self-service functionality.</p> <p>Implement agreed recommendations for changes to front-door model, ensuring more timely and effective early support at first point of contact including enablement.</p> <p>Ongoing management of SLA with CSG for Social Care Direct.</p>	Monitoring of neighbourhood model and later life planning – capturing outcomes and effectiveness (in line with early intervention strategic commissioning plan).	<p>CSG – Social Care Direct role</p> <p>Support and resource from Customer Access Programme and Adults Transformation programme to identify best options for digital improvements and architecture or digital offer.</p>	

PERSON-CENTRED INTEGRATED SUPPORT - Working age adults and older people have timely access to health and social care support that maintains independence					
Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
<b>Adults with mental health conditions</b>					
Re-focus mental health social care on recovery, maximising inclusion and reducing long term costs.	CG/DU	<p>Implement new social work delivery model, aligned with community development, whole family approaches and wider wellbeing.</p> <p>Deliver new social work and enablement model.</p> <p>Review implementation of social work model and Barnet enablement model to ensure optimum delivery - based on agreed criteria for success and staff / service user feedback <b>(September 2017)</b>.</p> <p>Participate, as stakeholders, in CCG work to co-design mental health services and align this with the council's mental health redesign work and Care Space.</p>	<p>Review and revise S75 for mental health <b>(July 2017)</b>.</p> <p>JCU – reimagining mental health led by the CCG. Integrate early support contracts with CCG's Wellbeing Services development for <b>2017/18</b> and contribute to development of early support strategic plan <b>(2018)</b>.</p>		Yes
<b>Delivering integrated health and social care</b>					
Joining up services so that residents have a better experience and that services are delivered more effectively and efficiently	CG	<p>Manage the transition to and mobilise the new equipment provider <b>(June 2017)</b>.</p> <p>Deliver against new s75 for equipment.</p> <p>Support the delivery and roll out of BILT across the borough:</p> <ul style="list-style-type: none"> <li>Ensuring senior operational</li> </ul>	<p>Monitor section 75 agreements, regularly reporting to JCEG and HWBB and reviewing as necessary.</p> <p>Review and develop clear commissioning intent for BILT, including commissioning plans and contract monitoring to ensure achievement of outcomes for residents, patients, the council and</p>	<p>CCG</p> <p>HSCI Partners</p>	

PERSON-CENTRED INTEGRATED SUPPORT - Working age adults and older people have timely access to health and social care support that maintains independence

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
		<p>leadership/oversight for social care contribution to BILT (SW,OT, AEO, MHSW) to ensure BILT achieves operational social care objectives.</p> <ul style="list-style-type: none"> <li>• 2 days a week (Hospitals / Senior Social Worker) committed to working with BILT</li> <li>• Contribute to workforce development strategy to support integrated teams.</li> <li>• Collate appropriate service user data and provide monthly updates on Barnet Integrated Locality Team (BILT) specific packages of care.</li> </ul> <p>Provide Senior Management input to the implementation of the BCF plan.</p> <p>Continue to provide support to enable staff to work more flexibly where appropriate, including mobile working kit, training, procedures and guidance and clarity on how to resolve issues.</p> <p>Continue to review safeguarding pathways and implement agreed recommendations for improvement, ensuring timely and efficient response.</p> <p>Contribute, as a key stakeholder, to the develop of the adults MASH.</p>	<p>NHS (<b>June 2017</b>).</p> <p>Maximise opportunities for joint working through effective partnership groups and forums such as the HWBB, JCEG and HSCI Board.</p> <p>Work with Barnet CCG to deliver Better Care fund (BCF) plans for 2017/18 and 2018/19.</p> <p>Commission the integrated learning disability service (<b>January 2018</b>).</p> <p>Embed the new integrated learning disability service (<b>January – March 2018</b>).</p> <p>Represent LBB and contribute to NCL STP.</p> <p>Clarifying retail model for Community Equipment and role of new provider (<b>July 2017</b>)</p> <p>Develop a business case for an adults MASH (<b>July 2017</b>) and explore implementation (<b>July 2018 – dependent on Colindale move</b>).</p>	<p>Support from CSG IT for mobile devices, including: Blackberry and Yoga set up and troubleshooting; roll out of fit for purpose mobile working kit to Mental Health staff; fixes and enhancements to the wifi.</p>	

**CARERS - Carers are valued as expert partners in supporting working age adults and older people to live independent lives.**

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
<b>Carers</b>					
To prioritise meeting the needs of carers, including young carers, through the assessment and support planning process by better supporting carer's own physical and mental health needs to ensure carers feel able to continue to support an individual for as long as they can.	DU	Implement Carers Strategy (with family services).  Monitor carers (and young carers) contract.	Through transformation programme support projects, monitor benefits and MTFs savings.  Ensure carers needs are equally considered in the development and monitoring of provision.	Family Services	Yes
To strengthen the current carers' support offer e.g. assistive technology, intensive support for carers of people with dementia  Reduce the number of carer breakdowns and improve family satisfaction from sustaining the family environment.	DU	Improve support planning process to ensure carers feel able to continue to support an individual for as long as they can.  Continue to roll out support for carers of people with dementia service.	Consider carers within the early intervention strategic commissioning plan.		
To better support carers to balance work and caring commitments. Local small businesses know how to retain carers in their workforce.	DU	Utilisation of the current carer support contract to support local carers to increase their understanding of how employers can support them to continue working and caring (e.g. improved signposting; refreshed website).  Raise awareness of employment rights of carers with local businesses and with carers and young carers.	Through transformation programme support projects, monitor benefits and MTFs savings.	Businesses  Family Services	Yes

CARERS - Carers are valued as expert partners in supporting working age adults and older people to live independent lives.

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
		Implementation of service to support carers to remain in work, including for Barnet Council employees.			

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
<b>Other</b>					
Ensure the voice of people who use adult social care and carers contributes to the design and delivery of services	DU/CG	<p>Manage adults engagement structure.</p> <p>Develop and deliver Silver Week <b>(October 2017)</b>.</p> <p>Develop and implement internal and external communications strategies</p> <p>Manage and support Healthwatch Barnet.</p> <p>Explore joint commissioning and engagement streams with the CCG.</p>	<p>Ensure commissioning includes the voice of the service user and carer, and that co-design is built into commissioning and service transformation plans.</p> <p>Contribute to and support engagement, ensuring appropriate links with the HWBB.</p> <p>Commission Healthwatch provision exploring collaboration with NCL STP <b>(March 2017)</b>.</p> <p>Recruit lay members to the Safeguarding Adults Board <b>(May 2017)</b> and involvement of service users (from the Service Users Forum) with the SAB <b>(July 2017)</b>.</p>		
Develop effective and efficient management reporting tools.	DU	<p>Embed new Mosaic system (from <b>April 2017</b>).</p> <p>Provide data and management information to support commissioning activities as appropriate, e.g. demand management, insight, Director of Adult Social Services (DASS) assurance.</p>	<p>Continue to develop and refine demand modeling, building the demand management academies tool.</p> <p>Review demand management across the Transformation Programme for Return on Investment and expansion of programme activities to deliver required / target reductions.</p> <p>Commission Insight Team, as appropriate, to understand how to manage our demand by</p>	Insight Team	

Commissioning intention	Lead (CG and/or DU)	Delivery Unit Action	Commissioning Group Action	Dependency on other Delivery Unit	Saving
			targeting prevention resources at activities that are most likely to reduce current or future demand and ensure our prevention activities are effective in targeting need.		
<p>Constrain inflationary pressure on procured goods and services. Target - 0.5%.</p> <p>Model and review impact of national living wage and develop pricing strategy for 2016-20, addressing the progressive increase of NLW</p>	DU / CG	<p>Actively mitigate inflationary pressures (in year delivery and contract management).</p> <p>Review inflation bids.</p>	<p>To be factored into all commissioning, procurement and contract management plans. Lead work on WLA collaboration and NCL market collaboration.</p> <p>Review inflation bids.</p> <p>Lead development of pricing strategy, working with DU and finance.</p> <p>Actively identify opportunities and longer-term strategies to achieve best value.</p>	CSG finance Corporate finance	Yes

Schedule 3 sets out the core business commitments for Adults and Communities.

## 5. Adults & Communities Delivery Unit - Indicators 2017/18

The tables below outline how the Committee contributes to achieving the priorities of the Corporate Plan: **Delivering quality services** (Responsibility); **Responsible growth, regeneration and investment** (Opportunity); **Building resilience in residents and managing demand** (Fairness); **Transforming local services** (Opportunity); and **Promoting community engagement, independence and capacity** (Responsibility).

**Key:**  
 CPI = Corporate Plan Indicator  
 SPI = Commissioning Plan Indicator  
 MPI = Management Agreement Indicator

### Delivering quality services (Responsibility)

Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/S1	Percentage of people who use adult social care services satisfied with their care and support (survey) <sup>5</sup>	N/A	Not reported – due Q2	61.3%	61.3%	61.3% (within confidence interval)	Top 25% in England (67.5% in 15/16)	Adults & Communities
CPI	AC/S25	Percentage of Social Care Direct customers who are satisfied or very satisfied with the service they have received post resolution	85%	100%	100%	91.0%	85%	85%	CSG

### Building resilience in residents and managing demand (Fairness)

PLANNING FOR LIFE - Working age adults and older people live a healthy, full and active life, in homes that meet their needs, and their contribution to society is valued and respected.									
Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/C17	Percentage of contacts that result in a care package	Monitor	19% (reported outturn), 21% (new definition)	20.0%	18.8%	Monitor	Monitor	Adults & Communities

<sup>5</sup> All indicators based on the Adult Social Care user survey are set using a 'confidence interval' that takes account of the margin of error which may result from surveying a small sample of the population.

**PLANNING FOR LIFE - Working age adults and older people live a healthy, full and active life, in homes that meet their needs, and their contribution to society is valued and respected.**

Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/S10 (ASCOF 1B)	Percentage of people who feel in control of their own lives (survey) <sup>6</sup>	69% (within confidence interval)	Not reported – due Q2	69.4%	69.4%	70% (within confidence interval)	Top 25% in England (79.5% in 15/16)	Adults & Communities
SPI	NEW - TBC	Proportion of referrals that result in an assessment	Monitor	88%	85%	79%	TBC	TBC	Adults & Communities
SPI	AC/S2 (ASCOF 3D)	Service users who find it easy to get information (survey) <sup>2</sup>	71.3% (within confidence interval)	Not reported – due Q2	69.4%	69.4%	Maintain performance (within confidence interval)	Top 25% in England	Adults & Communities
SPI	AC/S27	Percentage of customer contacts into Social Care Direct resolved at first point of contact	Monitor	61%	51%	50%	Monitor	Monitor	CSG
MPI	AC/S16	Proportion of service users with a direct payment (ASCOF 1C/2A)	42%	39.2%	40.0%	38.8%	42%	Top 10% in England	Adults & Communities
MPI	AC/C8	Number of assessments completed	Monitor	426	1584	987	Monitor	Monitor	Adults & Communities

**EARLY SUPPORT - Working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.**

Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/S3 (ASCOF 1G)	Percentage of adults with learning disabilities who live-in their own home or with their family	63%	64.2%	62.4%	65.9%	65%	England average (75.96% in 15/16)	Commissioning Group/ Adults & Communities

<sup>6</sup> All indicators based on the Adult Social Care user survey are set using a ‘confidence interval’ that takes account of the margin of error which may result from surveying a small sample of the population.

EARLY SUPPORT - Working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.									
Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/S4 (ASCOF 1E)	Percentage of adults with learning disabilities in paid employment	10.8%	9.3% (Q1 Target 9.6%)	10.0%	9.4% (Q2 Target 9.9%)	10.8%	Top 10% in England (11.68% in 15/16)	Commissioning Group/ Adults & Communities
CPI	AC/S5 (ASCOF 1F)	Percentage of adults with mental health needs in paid employment	7.2%	7.23%	6.1%	5.8% (Q2 Target 6.2%)	7.5%	Top 25% of comparable boroughs (8.23% in 15/16)	Commissioning Group/ Adults & Communities
CPI	AC/S6 (ASCOF 1H)	Percentage of adults with mental health needs who live independently, with or without support	83%	81.6% (Q1 Target 81.5%)	84.7%	83.2% (Q2 Target 82%)	83%	Top 25% of comparable boroughs (79.53% in 15/16)	Commissioning Group/ Adults & Communities
SPI	AC/S17	Number of new telecare packages installed	800	216 (Q1 Target 200)	772	539 (Q2 Target 400)	1000	47% of all support packages	Adults & Communities
SPI	AC/S18	Percentage of service users receiving ongoing services with telecare*	17%	13.8% (Q1 Target 13.8%)	15.7%	15% (Q2 Target 14.9%)	17%	30%	Adults & Communities

PERSON-CENTRED INTEGRATED SUPPORT - Working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.									
Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/S9 ASCOF2A (2)	Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	530	75.6 (Q1 Target 122.5)	262.0	169.7 (Q2 Target 192.7)	500	Top 10% of comparable boroughs (265.9 in 15/16)	Adults & Communities
CPI	AC/C14	Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64	16.6	1.3 (Q1 Target 1.4)	8.5	5.1 (Q2 Target 5.4)	15.0	Top 10% in the country (4.98 in 15/16)	Adults & Communities In JHWBS

PERSON-CENTRED INTEGRATED SUPPORT - Working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.									
Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/C16	Number of referrals to hospital social work teams	Monitor	181	526	364	Monitor	Monitor	Adults & Communities
CPI	NEW - TBC	Working age adults who have moved out of residential care into stable accommodation <sup>7</sup>	NEW FOR 2017/18	NEW FOR 2017/18	NEW FOR 2017/18	NEW FOR 2017/18	Monitor	TBC	Adults & Communities
SPI	AC/S8	Percentage of new clients, older people accessing enablement	63%	59.7%	63.1%	53.2%	65%	70%	Adults & Communities
SPI	AC/C12	Number of delayed transfers of care from hospital per 100,000 population (aged 18+) which are attributable to both NHS and Adult Social Care	7.35	7.5	9.1	8.3	7.35	Monitor	Commissioning Group
SPI	AC/C13	Number of delayed transfers of care from hospital, and those which are attributable to adult social care, per 100,000 population	2.5	3.3	4.1	3.8	2.5	Top 10% in London	Adults & Communities
MPI	AC/C10	Percentage of clients receiving an ongoing package of care reviewed	75%	14.0% (Q1 Target 22%)	46.3%	31.6% (Q2 Target 37%)	75%	85%	Adults & Communities

<sup>7</sup> New indicator – target set as Monitor for 2017/18 whilst baseline identified. ‘Stable accommodation’ mirrors the definition of ‘settled accommodation’ in the Adult Social Care Outcomes Framework accommodation –related indicators. The term describes arrangements where the individual has security of tenure in the place where they live, either in their own right or as part of a household – as opposed to being homeless, in temporary accommodation, or in residential or nursing care.

**SAFEGUARDING - Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk.**

Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/S15 (ASCOF 4A)	Percentage of people who use services who say those services make them feel safe and secure (survey)	80.1% (within confidence interval)	Not reported – due Q2	79.6%	79.6%	79.6% (within confidence interval)	Maintain performance	Adults & Communities
SPI	NEW - AC/S22	Number of safeguarding concerns received <sup>8</sup>	NEW FOR 2017/18	NEW FOR 2017/18	NEW FOR 2017/18	NEW FOR 2017/18	Monitor	Monitor	Adults & Communities
MPI	AC/C7	Percentage of DoLS applications completed within statutory timeframes	Monitor	5.6%	3.1%	5.0%	Monitor	100%	Adults & Communities

**CARERS - Carers are valued as expert partners in supporting working age adults and older people to live independent lives.**

Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
CPI	AC/S29	Number of instances of information, advice and guidance provided to carers	3000	758	2584	1649 (Q2 Target 1500)	3300	TBC	Adults & Communities
SPI	AC/S21	Number of carers assessments completed	1045	194	593	390	Monitor	Top 25% of comparable boroughs	Adults & Communities

**SPORT AND PHYSICAL ACTIVITY – Health and wellbeing outcomes are achieved in a manner that is sustainable.**

Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
SPI	NEW - TBC	Total number of individuals aged 55 years + participating in leisure opportunities <sup>9</sup>	NEW FOR 2017/18	NEW FOR 2017/18	NEW FOR 2017/18	NEW FOR 2017/18	Monitor	TBC	Commissioning Group – SPA

<sup>8</sup> New indicator – target set as Monitor for 2017/18 and 2019/20.

<sup>9</sup> New indicator – target set as Monitor for 2017/18 whilst baseline identified. Baseline will be set as part of 2017/18 Annual Review (due June 2017).

SPORT AND PHYSICAL ACTIVITY – Health and wellbeing outcomes are achieved in a manner that is sustainable.									
Ref		Indicator	2016/17 Target	2016/17 Q1 Result	2016/17 Q2 Result	2016/17 Q3 Result	2017/18 Target	2019/20 Target	Service
SPI	NEW - TBC	Increase in percentage of the population taking part in sport and physical activity at least twice in the last month (as defined by Active Lives <sup>10</sup> )	NEW FOR 2017/18	NEW FOR 2017/18	NEW FOR 2017/18	NEW FOR 2017/18	Monitor	TBC	Commissioning Group - SPA

Schedule 4 sets out the safeguarding dashboard (from the DASS assurance report) which is monitored by the Safeguarding and Care Quality Group and reported to SCB Assurance on a bi-monthly basis (it is not proposed to monitor this though. The information included is an example report (from Quarter 3 2015/16; risks have been removed as these are already included in the management agreement); going forward there will be specific information around the open cases.

<sup>10</sup> New indicator – target set as Monitor for 2017/18 whilst baseline identified. Baseline will be set in line with Sport England (dataset to be published in January 2017).

## 6. Performance Monitoring

The Corporate Performance Framework defines the respective roles and responsibilities of the Commissioning Group and Delivery Units. This is summarised in the table below:

	Commissioning Group	Delivery Unit	COO Team
Monthly	<ul style="list-style-type: none"> <li>Assess implications against outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Provide Delivery Unit SMT dashboards to Performance Team.</li> </ul>	<ul style="list-style-type: none"> <li>Provide a summary of the Delivery Unit SMT dashboard and circulate to DU Board</li> </ul>
Quarterly	<ul style="list-style-type: none"> <li>Appraise the actions and challenges highlighted by the Delivery Unit in achieving outcomes and assess the continued suitability of the outcomes.</li> <li>Identify commissioning areas requiring review.</li> </ul>	<ul style="list-style-type: none"> <li>Provide Delivery Unit Report against the Contract or Management Agreement.</li> <li>Identify cross-cutting issues through Delivery Unit Board for a theme review.</li> <li>Partake in the Challenge Sessions with the chairman of the committee and attend committee as required.</li> </ul>	<ul style="list-style-type: none"> <li>Provide the process and templates for reporting.</li> <li>Write the committee report and facilitate the quarterly Challenge Sessions.</li> <li>Facilitate a theme review as required.</li> </ul>

## 7. Roles and responsibilities in relation to delivering Adults Social Services

The Local Authority Social Services Act 1970, (amended by the Children Act 2004) outlines the responsibility for Local Authority adult social services functions. It requires local authorities to establish a Director of Adult Social Services (DASS). The DASS has statutory and professional responsibility for the leadership, strategy and effectiveness of local authority adult social services. The DASS has responsibility for:

- Accountability for assessing local needs and ensuring availability and delivery of a full range of adult social services
- Professional leadership, including workforce planning and professional standards
- Ensuring that robust multi-agency safeguarding arrangements in place through the operation of Barnet's Safeguarding Adults Board
- Leading the implementation of standards
- Managing cultural change
- Promoting local access and ownership and driving partnership working
- Delivering an integrated whole systems approach to supporting communities
- Promoting social inclusion and wellbeing

The Adults and Communities Director leads the delivery of adult services for the Council to develop effective collaborative working arrangements to achieve high quality customer focused service outcomes. The Adults and Communities Delivery Unit includes adults social care for older people, disabled people, people with a mental health problem, integrated health and social care services for people with a learning disability and adult safeguarding. The Adults and Communities Director has responsibility for:

- Accountability for translating corporate objectives into the successful development and delivery of medium term operating plans in collaboration with other Delivery Units and partners
- Provide leadership to a significant number of employees
- Ensuring that services are operating in compliance with relevant legislation, statutory duties and Council policies including safeguarding adults at risk
- Regularly liaising with the Commissioning Director (Adults and Health Portfolio) to support the development of longer term priorities and to report on the performance of the Delivery Unit

Schedule 5 sets out the roles and responsibilities in relation to Adults Services – Accountability protocol for safeguarding.

Roles and responsibilities in relation to delivering adult social care are set out in the Scheme of Delegation (currently being revised).

## 8. Governance arrangements

DUs must work within the control environment operated by the Council - this includes the Council Constitution, remit of each Committee and associated internal controls:

- Scheme of delegated authority and LBB internal governance
- Financial Regulations, Contract Procedure Rules and Code of Procurement Practice
- Other internal policies including – but not limited to- HR, equalities, H&S, Consultation, Information Management, and in accordance with the key strategies of the Council

The table below sets out the governance relationship between the Delivery Unit and Commissioning Group throughout the year, including how the business will be monitored and where escalations can be made in quarter, the anticipated level of oversight and reporting required against the commissioning plan.

	Forum/ Attendees	Frequency	Nature	Escalation route
<b>Finance data</b>	DU Senior Management Team	Monthly	Detailed scrutiny of budget and projections	Escalation report of key issues to Commissioning Director (CD)
<b>Service Performance data</b> (incl. risk, top level budget,	DU Senior Management Team	Monthly/ quarterly according to data availability	To identify and monitor performance information and escalate issues to Commissioning Director as appropriate.	

	Forum/ Attendees	Frequency	Nature	Escalation route
enablers e.g. HR	Delivery Board	Quarterly	To review quarterly performance and finance  <i>NOTE - CD will review corporate quarterly performance reports prior to DB</i>	SCB Performance and Programmes
	Performance and Contracts Management Committee (PCMC)	Quarterly	To review the delivery and financial performance of both contracts and non-contracted services.  <i>NOTE - CD will review corporate quarterly performance reports prior to PCMC</i>	
<b>Assurance</b>	Strategic Commissioning Board	Bi monthly	Regular DU safeguarding report Other reports as an when required	SCB Assurance
	Safeguarding and Care Quality assurance meeting – CD, DU director, Head of Safeguarding, Social Care Assistant Director, Community & Well-being Assistant Director, Head of Care Quality	Monthly	High risk case work – SG, MCA, court of protection (CD, DUD, HoSG, ASC, AD) Safeguarding, MCA, statutory practice (as above) Practice governance (as above)  Care quality – provider concerns, establishment concerns procedures, suspensions, CQC activity, high risk service.	
<b>Management Agreement</b>	Delivery Unit Director and Commissioning Director	Quarterly	Review of Management Agreement through quarterly Delivery Unit report. (Review monthly to CD and performance team where there is a significant L3 challenge)	Performance Report (agreed escalations and interventions)  SCB – as required
<b>Strategic</b>	Delivery Unit Director and CD – informal	as required	Forward look at upcoming activities, changes or potential demands – review of any challenges,	As applicable

	Forum/ Attendees	Frequency	Nature	Escalation route
	Adult and Safeguarding Committee	Annual	To review performance against the commissioning plan. To review SAB annual report.	
<b>Partnership / strategic relationship</b>	CD, Delivery Unit Director, members of DU SMT, Strategic commissioning lead (s), Finance , Performance	Quarterly or as required	The SPB will be responsible for developing strategic direction for the service area and maintaining overall oversight of the service area.	As applicable
<b>Programmes</b>	Portfolio Programme Board	Monthly/bi-monthly	Programme Board – governance of strategic and critical projects	As per programme governance

## 9. Change Requests

Changes to be made to the management agreement or its schedules mid-year need agreement of both commissioning director and DU director (or in their absence agreement by their deputies). This would be agreed at the quarterly partnership board unless exceptionally urgent when an extraordinary meeting could be called.

## 10. Financial profile up to 2019/20

The Commissioning Plan has been informed by the council's Medium Term Financial Strategy. The budget gap for the period 2016-20 is estimated to be £81.1m of which Adults and Safeguarding have a target of £18.5m. The table below outlines how reductions in each year will contribute to the overall saving:

Theme Committee	2016-17	2017-18	2018-19	2019-20	Total
<b>Adults &amp; Safeguarding</b>	(3,383)	(5,412)	(5,161)	(4,497)	(18,453)

Schedule 6a sets out the revenue funding for the Adults and Safeguarding committee (net budget).

Schedule 6b sets out the capital programme for the Adults and Safeguarding committee (net budget).

## Programme cost and financial benefits

Project	Total cost	Total financial benefit
Adults Social Care ADM	£1,260,000	Savings of £18.45m
Housing & Support projects	Funded from existing service budgets	
Your Choice Barnet		
Assistive Technology for care support		
Home and Community Support & Enablement project	£240,200 & service funded	
Case Review Activity	£385,000	
Health & Social Care Integration	s256 funded	
Independence of Young People with LD	£400,000	
Employment Support	£275,000	
Specialist Dementia Support Service	£260,000	
Service development investments (Mental Health, Housing, Front Door & Invest in IT, Personal Assistants)	£759,000	
Sports and Physical Activity (SPA)	£1,476,000	Saving of £0.97m and improved participation & health outcomes
<b>Total</b>	<b>£5.85m<sup>11</sup></b>	<b>£19.42m</b>

## Grants/external funding

The Delivery Unit Director and Commissioning Director and their management teams are responsible for horizon scanning and considering opportunities to secure external funding to support service delivery, transformation and other programme and initiatives. This could be from either public or private sources and could be grants or match funding agreements. All opportunities should be considered and a decision as to whether an application should or shouldn't be made must be considered and agreed by both the Delivery Unit Director and Commissioning Director. Upon a decision being made the relevant Director is responsible for reporting the decision to apply/not apply to their Finance Manager in line with the appropriate procedure.

Schedule 7 sets out the procedure for scanning/identifying and reporting on grants/external funding.

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<sup>11</sup> Total portfolio costs includes an apportionment of central programme costs, contingency and legal advice

## 11. Risks

Strategic risks are monitored as part of the Council’s performance framework. Where appropriate, the Council’s Strategic Commissioning Board will escalate a risk to the Council’s corporate risk log. Delivery Units are expected to monitor service level risks. The table below sets out the strategic risks for Adults & Communities as at March 2016.

**Key:** The 5x5 matrix ‘heat map’ highlights the RAG ratings for risk assessments

SCORE		IMPACT					
		1	2	3	4	5	
		Negligible	Minor	Moderate	Major	Catastrophic	
PROBABILITY	5	Almost Certain	Medium Low	Medium High	High	High	High
	4	Likely	Medium Low	Medium High	Medium High	High	High
	3	Possible	Low	Medium Low	Medium High	Medium High	High
	2	Unlikely	Low	Medium Low	Medium Low	Medium High	Medium High
	1	Rare	Low	Low	Low	Medium Low	Medium Low

**Risk Commentary for Delivery Unit:**

- Structures are in place to monitor service risks, including Transformation Board and project risk management frameworks.
- The DU’s highly rated risks are the result of ongoing statutory provisions and/or medium term financial pressures; the overall risk profile is unlikely to alter significantly in the near future.
- Structures are in place to monitor productivity and financial risk and ensure mitigating action is taken if these are off course.

Risk ID	Short Risk Title	Long Description	Risk Owner	Nature of Risk	Controls and mitigations in place	Inherent Risk		Residual Risk (with controls in place)					Direction of travel	Q3 update	Previous JCAD Reference JCAD Ref	
						Imp	Lik	Im	Lik	High impact	R Sc	R on				Background/further comments
AC001	Increased overspend to meet statutory duties	Adults & Communities Delivery Unit could have insufficient resources to meet its statutory duties due to operating in an environment in which there is inherent uncertainty in future demand for services, exacerbated by a potential inability to deliver savings, reduced ability to raise income from clients, the rising cost of care, other in year financial pressures due to unexpected demand, the increasing complexity and cost of care packages, and legislative changes. This could result in harm to individuals, legal challenge, worsening budget overspend, and reputational damage.	Adults and Communities Director	Statutory Duty	The Council's budget management process (MTFS) forecasts demographic growth and pressures over a 3 year period. Budget and performance monitoring and management controls are used throughout the year. Work to reduce addressable spend (such as expenditure on agency staff) is being carried out in year.  The Joint Strategic Needs Assessment will identify future demand pressures, and the Council will undertake initiatives focused on reducing and managing future demand in response, including the Adults' New Operating Model/ Alternative Delivery Vehicle which focus on reducing demand for services and finding more creative ways to manage complex need.	5	5	5	4	Compliance	20	Treat	Same	Ongoing work to review and manage A&C budgets including workshop with ADASS Finance Lead and review/challenge sessions with SCB.	Numbers, types and complexity of work Long-term growth Recruit the wrong type of resource Increasing complexity Budgetary pressure, inability to meet statutory duty	AS0088 AS0097 AS0015
AC002	Failure of care provider	A care provider could suddenly be unable to deliver services, due to: - provider going into administration - failure of regulatory inspection relating to quality of service - care provider chooses not to deliver services - H&E breach leading to operational disruption to manage the situation, harm to individuals by not having their care and support needs met, unexpected financial consequences, breach of statutory duty,	Head of Integrated Care Quality	Business continuity	For contracted services, extensive due diligence is carried out before and during any contract. The Delivery Unit carries out ongoing contract management and monitoring to ensure it continues to engage with providers, complemented by relationship management work, and monitoring of individuals placed with providers.  The Council also works with the market as a whole, making a programme of best practice and improvement initiatives available to the provider sector.  A regular report setting out provider risks and concerns is circulated to the DASS and to the DU's Leadership team on a monthly basis and discussed through the regular DASS assurance meeting.	5	5	5	4	Compliance	20	Treat	Same	Ongoing work to manage issues with enablement provider and smooth transition to new service.		AS0089
AC003	Unacceptable level of quality services provided by care providers	Unacceptable levels of quality of services provided by care provider could lead to additional dedicated Barnet resource needing to be put in place to address the situation, resulting in reduced ability to manage BAU financial consequences. If the additional resource is not able to address the underperformance of the care provider, this could also lead to harm to individuals, reputational consequences	Head of Integrated Care Quality	Statutory Duty	For contracted services, extensive due diligence is carried out before and during any contract. The Delivery Unit carries out ongoing contract management and monitoring to ensure it continues to engage with providers, complemented by relationship management work, and monitoring of individuals placed with providers.  The Council also works with the market as a whole, making a programme of best practice and improvement initiatives available to the provider sector.	4	5	4	4	Compliance	16	Treat	Same	Ongoing work to manage issues with enablement provider and smooth transition to new service.	Where Barnet is directly commissioning the services, cause of risk is around poor management and oversight of the commissioned services. In some circumstances, Barnet is not directly commissioning the services, but still has a responsibility to address quality issues. Both could result in poor quality services that require Barnet intervention.	AS0065 AS0094

AC004	Surge in demand from NHS	An unpredictable surge in demand from the NHS in situations where there is limited capacity could lead to the DU being unable to meet this demand within the NHS's required timescales. This could result in financial consequences, operational disruption leading to rushed decisions being made that have unintended negative consequences, potentially for individuals that have been discharged, and increased central government scrutiny.	Assistant Director Adult Social Care	Statutory Duty	System-wide resilience monies have been made available and these can be used to buy in extra capacity, subject to agreement by the NHS-led Improvement Board. There are monthly system resilience and operational resilience meetings between LBB, CCG and NHS Provider Trusts to discuss & manage pressures in the system, and to deliver action plans. Daily conference calls are in place to deal jointly with events as these happen.	4	5	3	5	Compliance	15	Treat	Same	Ongoing attendance at A&E Delivery Board and work with NHS colleagues to share information and mitigate unexpected demand.	Management of surge demand (NHS) Pressures in the NHS, results in pressure on council to deliver services	AS0007
AC005	Challenges to recruit and retain qualified staff	A challenging job market (rest of London competing for the limited supply of social workers, qualified occupational therapists and other social care staff across all levels) could lead to difficulties in recruiting and retaining sufficient staff, resulting in insufficient staff to meet demand, reliance on agency workers impacting on budget, inability to carry out quality work, knock on effect on morale, non-statutory duties being de-prioritised	Assistant Director Adult Social Care	Staffing & Culture	The Unified Pay & Reward project puts in place options to offer incentives. The Delivery Unit can also make use of agency staff. There is a workforce development plan in place to mitigate this risk in the medium to long term.	4	4	4	3	Financial	12	Treat	Same	Unified Pay and Reward implemented and new contracts issued. The DU is minimising use of agency staff to relieve financial pressures which means some posts will now remain vacant. Work is ongoing to identify and control for additional risk posed by	High usage of agency staff would trigger risk around quality of services Risk compounded by wider Barnet recruitment challenges such as location of Barnet, negative reputational (commissioning structure), remuneration	AS0082 AS0083 AS0084 AS0085
AC006	Wellbeing and safety of DU staff	The need for staff to work in high-risk situations (in locations with high levels of crime, entering homes on their own, working with volatile individuals) could impact on staff's general wellbeing and could also lead to a Health & Safety incident resulting in harm to Barnet employees, legal challenge, reputational damage as well as lowering workforce morale	Assistant Director Adult Social Care	Health & Safety	Corporate and local HS&E policies and guidance control and mitigate risk. The Delivery Unit records risk flags for certain cases on the client record system. Corporate HS&E training and HS&E audits help discharge the duty of care to staff. Regular supervision is used to address specific issues. Wellbeing initiatives are deployed across the staff are required to undertake CPD or 1 days training or development per year, supported by practice forums. Quality assurance framework, led by the Quality Board, monitors supervision. Regular case file audits take place (using a pool of auditors from across the Department). Monthly reporting to leadership team on safeguarding activity. Monthly quality and safeguarding meeting with DASS includes review of high risk cases. External case file audits are conducted.	5	4	4	3	Health & Safety	12	Treat	Same	Preparation undertaken for Council-wide review of lone working policies and procedures.		
AC008	Non-adherence to safeguarding policies and procedures	Staff non-adherence to policies and procedures (specifically safeguarding within the Care Act, and London-wide safeguarding policies and procedures), resulting in death or serious harm to individuals, legal challenge, financial loss, decreasing staff morale due to greater pressure and reputational damage.	Head of Safeguarding Adults	Statutory Duty	The Safeguarding Adults Board (multi-agency) meets regularly. Tools are available to support practitioners (e.g. recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the domestic homicide review process.  Social workers are required to maintain professional standards for statutory registration with HCPC.  Staff are supported and supervised by a senior social worker/	5	4	5	3	Compliance	15	Treat	Same	Ongoing monitoring through DASS assurance processes, leadership team meetings and regular reporting.	This risk can also be caused by: - inadequate supervision and management, - insufficient enforcement of training - the need for multiple agencies to work effectively together.  May be exacerbated by supporting individuals who can sometimes lead riskier lives (use of drugs & alcohol, undiagnosed mental illness, non-compliance with mental health regimes) to make their own choices	AS0058

AC009	Data protection breach	The high quantity of sensitive information handled by the Adults & Communities Delivery Unit could lead to a data protection breach, resulting in risk to individuals, legal challenge, financial penalty and reputational damage	Head of Performance and Improvement	Statutory Duty	Data protection training is mandatory for all staff. Data protection and information governance policies are in place. DBS checks are required for new members of staff accessing sensitive personal data. There is refresher training and there are regular communications to highlight issues in relation to common breaches.  A monthly Information Management Governance Group is in place as the route for raising, identifying and resolving risks and breaches, with strategic ownership over information governance. An action log is being embedded to ensure mitigating actions are implemented.	4	5	4	3	Information Governance	12	Treat	Same	Monthly IMGG meetings have taken place to monitor breaches and put mitigating actions in place and work with individual projects continues to ensure they fulfil their IM obligations (e.g. ChooseCare implementation).	Specific to this DU, legacy case management system may not have sufficiently robust controls around access to sensitive data	AS0044
AC011	Breach of mental capacity act of code of practice	Insufficient experienced staff and non adherence to policies and procedures (permanent and agency, at all levels) to meet rising demand and complexity could lead to breach of the Mental Capacity Act or Code of Practice, resulting in Barnet not acting in someone's best interest (Mental Capacity Act), and as a result serious harm to individuals and/or the ongoing impact of such a breach on an individual's life, legal challenge, financial loss (legal costs) and reputational damage.	Assistant Director Social Care	Statutory Duty	As with safeguarding issues, staff training is in place, supported by practice forums. Quality assurance framework, led by the Quality Board, monitors supervision (and responds to, for example, supervision and other quality audits). Regular case file audits take place (using a pool of auditors from across the Department).  Monthly reporting to leadership team on safeguarding activity Monthly quality and safeguarding meeting with DASS includes review of high risk cases. External case file audits are conducted. The Safeguarding Adults Board (multi-agency) meets regularly.  Tools are available to support practitioners (e.g. recording templates, assessment tools etc.), as well as learning processes such as safeguarding adult reviews (SARs) and the	5	4	5	3	Compliance	15	Treat	Same	Ongoing monitoring through DASS assurance processes, leadership team meetings and regular reporting.	- inadequate supervision and management, - insufficient enforcement of training - the need for multiple agencies to work effectively together.	AS0091
AC019	Capacity in the provider market	Market conditions could create shortages in both generalist and specialist service provision (such as specialist accommodation or Personal Assistants) which in turn could drive up placement prices and challenge the Council's ability to meet service users' needs in accordance with its strategic objectives or within the desired budget.	Associate Director, Commissioning, Joint Commissioning Unit	Statutory Duty	The Council has developed commissioning strategies and a five year commissioning plan which is updated each year to ensure the market is kept informed about current and future direction. The Council also works with the market as a whole, making a programme of best practice and improvement initiatives available to the provider sector.  The Delivery Unit carries out ongoing contract management and monitoring to ensure it continues to engage with providers, complemented by relationship management work, and monitoring of individuals placed with providers.	4	4	4	3	Compliance	12	Treat	Same			
AC020	Lack of practicing Approved Mental Health Professionals (AMHPs)	Lack of practicing Approved Mental Health Professionals (AMHPs) to meet rising demand and complexity could lead to breach of statutory responsibilities to carry out Mental Health act assessments; resulting in Barnet not acting in someone's best interest (Mental Capacity Act). This could result in serious harm to individuals and/or the ongoing impact of such a breach on an individual's life; legal challenge, financial loss (legal costs) and reputational damage.	Assistant Director Social Care	Statutory Duty	Monthly cross borough meetings between AMHP leads are taking place to develop joint working arrangements. A cross borough protocol has been developed to review managing demand and 136 suite arrangements. Status updates and current issues are included in the DASS Monthly Dashboard. Regular supervision of AMHP Manager by the Head of Service takes place. The use of as and when AMHPs are used to manage out of hours assessments. The restructuring of the MH service will strengthen the enablement model to prevent people escalating	4	4	4	3	Compliance	12	Treat	Same			

## 12. Audit Programme

Annually, the Council's Internal Audit service will agree a programme of service level audits with the Delivery Unit as well as cross-cutting audits that may involve individual delivery units. Potential audits are discussed with Delivery Units and Commissioning Directors in January – March each year. The annual plan is agreed at the Audit Committee every April and will be added to the MA once agreed.

## 13. Dependencies

The table below sets out the key dependencies on other Delivery Units and partners that may affect the delivery of commissioning outcomes.

Team / department	Area of commitment	Further information
<b>Carers and service users (including Healthwatch)</b>	Co-production throughout service development and improvement.	
<b>Providers (including the voluntary and community sector)</b>	Various – provision and market development.	
<b>Businesses</b>	Engagement in employment opportunities for vulnerable adults. Appropriate policies and support in place for carers. Participation in the development of dementia friendly communities.	
<b>CCG</b>	Development and delivery of Health and Social Care Integration (HSCI) model and Better Care Fund. Health input into a number of programmes Pooled budget and risk share for assistive technologies. Support the increase use of enablement services for all older people. Exploring joint communications and engagement streams with LBB. Development of the Wellbeing Hub (mental health).	
<b>Public Health</b>	Leading tier I and II of Health and Social Care Integration with Commissioning Lead (Health and Wellbeing). Funding for tier II work as part of the HSCI for adult social care prevention.  Facilitating and contributing to the early support strategic commissioning plan.  Mental health initiatives (including employment support).	Joint working with Adults JCU and input from DU
<b>Family Services</b>	Transition into adult services	
<b>Educations &amp; skills</b>	Input into employment and support services to ensure that the offer to 0-19 supports our aspirations for employment.	
<b>CSG</b>	Provision of high quality support services (e.g. HR, IT, finance, estates, procurement) that provide core BAU delivery and professional advice that enables good management decisions. Provide HR, IT and finance support to implementation of change projects. Provision of Social Care Direct service – huge impact for DU as	

Team / department	Area of commitment	Further information
	this is the front door for clients, carers and professionals. Procurement role; employment and training support for people with learning disabilities and mental health needs built into other contracts. Develop, embed and monitor Choose Care	
<b>The Barnet Group</b>	Redesign of day services for employment and MTFS initiatives. Increase the range of sustainable accommodation options for people with mental health problems, learning disabilities, physical and sensory disabilities and for older people. Management of Housing Oversight Group. Extra care pipeline. Development of DFGs.	
<b>Re</b>	Development of DFGs.	
<b>Commissioning Group – JCU</b>	Work programme.	

## 14. Customers

The Council conducts borough-wide surveys through annual budget setting and resident perception surveys. The Commissioning Group will share the outcomes of these exercises with the Delivery Unit. Key Streetscene customer satisfaction or feedback information should be monitored by the Delivery Unit and made available to the Commissioning Director when required.

The latest resident perception survey results for are published on the employee portal at <https://employeeportal.lbbarnet.local/home/news-and-features/featured/rps-published.html>

Key Adult Social Care satisfaction feedback should be monitored and made available to the Commissioning Director when required.

## 15. Contracts and procurement

Operational and transactional contracts will be managed and overseen within the Delivery Unit; this includes all spot purchased contracts.

The relationship management of providers with whom we have strategic and critical contracts will involve commissioning group, delivery unit and procurement. Strategic and critical contracts include high value contracts and new products such as Accommodation and Support, Day Opportunities and Early Intervention providers.

DUs are expected to fully manage their contracts in accordance with LBB policies to procurement and contract management.

## 16. Equalities

Delivery units are required to demonstrate that they have paid due regard to equalities by:

- Working in partnership and in accordance with LBB Equalities policy at all times;
- Producing a Delivery Unit profile of data on service users and to use it in the analysis of specific and cumulative impact of any significant changes proposed;
- Mainstreaming equalities into Delivery Unit workstreams and processes;
- Ensuring fair decision making at Delivery Unit level;
- Promoting engagement;
- Supporting Commissioning Group with all aspects of implementing the Equalities policy including Action Plan, the equalities aspects of the Business planning process, the production of the annual equalities report achieving the Strategic and other Equality objectives; and,
- Demonstrating compliance with Equality Act 2010 and Public Sector Equality Duty.