

**MEETING**

**ADULTS AND SAFEGUARDING COMMITTEE**

**DATE AND TIME**

**MONDAY 12TH JUNE, 2017**

**AT 7.00 PM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ**

**TO: MEMBERS OF ADULTS AND SAFEGUARDING COMMITTEE (Quorum 3)**

Chairman: Councillor Sachin Rajput

Vice Chairman: Councillor Tom Davey

Councillor Paul Edwards

Councillor Claire Farrier

Councillor Helena Hart

Councillor Alison Moore

Councillor David Longstaff

Councillor Reuben

Thompstone

Councillor Jess Brayne

**Substitute Members**

Anne Hutton

Lisa Rutter

Brian Gordon

Jim Tierney

Daniel Thomas

Gill Sargeant

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is 7<sup>th</sup> June at 10AM. Requests must be submitted to [governanceservice@barnet.gov.uk](mailto:governanceservice@barnet.gov.uk)

**You are requested to attend the above meeting for which an agenda is attached.**

**Andrew Charlwood – Head of Governance**

Governance Service contact: [governanceservice@barnet.gov.uk](mailto:governanceservice@barnet.gov.uk)

Media Relations contact: Sue Cocker 020 8359 7039

**ASSURANCE GROUP**

## ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 8
2.	Absence of Members	
3.	Declarations of Members Disclosable Pecuniary Interests and Non-Pecuniary Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Members' Items (if any)	
6.	Public Questions and Comments (if any)	
7.	Annual report on the Adults and Safeguarding Committee commissioning plan and outcome measures	9 - 38
8.	Market stability and the use of social care funding announced in Spring Budget 2017	39 - 48
9.	Commissioning Plan: Day Opportunities and Employment Support for Working Age Adult Social Care Service Users	49 - 92
10.	Commissioning Plan for Adult Social Care Accommodation and Support Services	93 - 138
11.	Committee Forward Work Programme	139 - 142
12.	Any other items that the Chairman decides are urgent	

### FACILITIES FOR PEOPLE WITH DISABILITIES

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please email [governanceservice@barnet.gov.uk](mailto:governanceservice@barnet.gov.uk). People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

## **FIRE/EMERGENCY EVACUATION PROCEDURE**

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

## Decisions of the Adults and Safeguarding Committee

6 March 2017

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)  
Councillor Tom Davey (Vice-Chairman)

Councillor Paul Edwards  
Councillor Claire Farrier  
Councillor Helena Hart  
Councillor David Longstaff

Councillor Reema Patel  
Councillor Reuben Thompstone  
Councillor Jess Brayne

### 1. MINUTES

**RESOLVED** – The minutes of the meeting held on 23<sup>rd</sup> January 2017 were agreed as a correct record.

### 2. ABSENCE OF MEMBERS

None.

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

None.

### 4. REPORT OF THE MONITORING OFFICER (IF ANY)

None.

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

None.

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

None.

### 7. ADULTS AND SAFEGUARDING COMMISSIONING PLAN - 2017/18 ADDENDUM

The Chairman introduced the item, which related to the 2017/18 addendum to the Adults and Safeguarding Committee Commissioning Plan.

Dawn Wakeling, Commissioning Director – Adults and Health, then provided an overview of the contents of the report.

During the course of discussion, Jon Dickinson, Assistant Director – Adults and Communities, was invited to the table to answer questions from the Committee.

Following consideration of the item, the Chairman then moved to the recommendation. Votes were recorded as follows:

For	5
Against	0
Abstain	4

The recommendation was therefore carried, and the following was **RESOLVED**:

- **That the Committee reviewed and approved the addendum to the Adults and Safeguarding Commissioning Plan for 2017/18 (Appendix A).**

#### **8. UPDATE ON ADULT SOCIAL CARE ALTERNATIVE DELIVERY MODEL**

The Chairman introduced the item, which related to an update on the adult social care alternative delivery model.

Dawn Wakeling, Commissioning Director – Adults and Health, then provided an overview of the contents of the report. Ms. Wakeling indicated that a further report on the matter would be brought to a meeting of the Committee in September 2017.

During the course of discussion, Jon Dickinson, Assistant Director – Adults and Communities, was invited to the table to answer questions from the Committee.

Following consideration of the item, the Chairman then moved to the recommendation. The following was then **RESOLVED**:

- **That the Adults and Safeguarding Committee noted the progress report on the development of two adult social care delivery vehicle options.**

#### **9. DEVELOPMENT OF ON LINE TECHNOLOGY FOR ADULT SOCIAL CARE**

The Chairman introduced the item, which related to the development of online technology for adult social care.

James Mass, Assistant Director – Adults and Communities, was invited to the table to provide an overview of the contents of the report and answer questions from the Committee.

Following comments and questions from the Committee, Mr. Mass clarified that the new online system will run concurrent to the existing methods that service users use to manage their social care allowance. He further gave assurance that service users will still be able to access information and care through means other than digitally.

Following consideration of the item, the Chairman then moved to the recommendation. The following was **RESOLVED**:

- **That the Committee noted the report setting out the development of online technology for adult social care in Barnet.**

## **10. FIT AND ACTIVE BARNET FRAMEWORK**

The Chairman introduced the item, which related to the Fit and Active Barnet Framework. He stated that the word 'Framework' was missing from recommendation 1 (after 'Fit & Active'), and – with the Committee's approval – said that the recommendation would be considered with this change.

Cassie Bridger, Strategic Lead – Sport & Physical Activity, was invited to the table to answer questions from the Committee and to provide an overview of the contents of the report.

Following consideration of the item, the Chairman then moved to the recommendations, which were unanimously agreed. The following was therefore **RESOLVED**:

- 1. The Adults & Safeguarding Committee approved the final version of the Fit & Active Barnet Framework 2016 – 2021 (Appendix 1);**
- 2. The Adults & Safeguarding Committee considered the public consultation findings for the Fit & Active Barnet Framework 2016 – 2021 (Appendix 2);**
- 3. The Adults & Safeguarding Committee considered the Fit & Active Barnet Framework 2016 – 2021, Equalities Impact Assessment (Appendix 3).**

## **11. EXTENSION OF AND VARIATION OF IMCA AND IMHA CONTRACT**

The Chairman introduced the item, which related to a report requesting both an extension and variation for the IMCA and IMHA contract.

Dawn Wakeling, Commissioning Director – Adults and Health, then answered questions from the Committee.

Following consideration of the item, the Chairman then moved to the recommendations, which were unanimously agreed. The following was therefore **RESOLVED**:

- 1. That the Committee approved the extension of the contract with Barnet, Enfield & Haringey Consortium for Independent Mental Capacity Advocacy (IMCA) & Independent Mental Health Advocacy (IMHA), provided by Voiceability, from 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018.**
- 2. That the Committee authorised a variation to the contract with Barnet, Enfield & Haringey Consortium for Independent Mental Capacity Advocacy (IMCA) & Independent Mental Health Advocacy (IMHA) for an additional £28,980, therefore making the total contract value £96,243.03 for the extended contract year of 1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018.**

## **12. COMMITTEE FORWARD WORK PROGRAMME**

The Chairman introduced the report, which related to the Committee's Forward Work Programme. The Committee, following a request from Councillor Farrier, agreed for the issue of Social Care Precepts (subject to the approval of Full Council) to be included in the Business Planning Report, due to be considered at the meeting of the Committee on 10<sup>th</sup> July 2017.

It was further noted that in the performance report due to be received at a future meeting of the Committee more detail would be provided the matter of delayed transfers of care.

Following consideration of the item, the Committee **RESOLVED:**

- **That the Committee noted the items included in the 2017-18 work programme.**

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

None.

The meeting finished at 20:10



	<p align="center"><b>Adults and Safeguarding Committee</b> <b>12 June 2017</b></p>
<p align="center"><b>Title</b></p>	<p align="center"><b>Annual report on the Adults and Safeguarding Committee commissioning plan and outcome measures</b></p>
<p align="center"><b>Report of</b></p>	<p>Commissioning Director, Adults and Health</p>
<p align="center"><b>Wards</b></p>	<p>All</p>
<p align="center"><b>Status</b></p>	<p>Public</p>
<p align="center"><b>Urgent</b></p>	<p>No</p>
<p align="center"><b>Key</b></p>	<p>No</p>
<p align="center"><b>Enclosures</b></p>	<p>Appendix A: Adults and Safeguarding Committee Commissioning Plan – Annual Performance Report 2016/17</p>
<p align="center"><b>Officer Contact Details</b></p>	<p>Kirstie Haines – Strategic Lead, Adults and Health 0208 359 2781, <a href="mailto:Kirstie.Haines@Barnet.gov.uk">Kirstie.Haines@Barnet.gov.uk</a> James Mass, Assistant Director 020 8359 4610, <a href="mailto:james.mass@barnet.gov.uk">james.mass@barnet.gov.uk</a></p>

### Summary

This report gives an overview of performance relating to the committee’s remit over the last year, including the implementation of strengths-based social care, a delivery approach which aims to promote resilience for service users. It details progress against the Adults and Safeguarding Committee’s commissioning intentions and performance from the addendum to the Commissioning Plan agreed by the Adults and Safeguarding Committee.

### Recommendations

- 1. That the Adults and Safeguarding Committee note the performance against the Adults and Safeguarding Committee Commissioning Plan in 2016/17.**

## 1. WHY THIS REPORT IS NEEDED

- 1.1 The Adults and Safeguarding Committee Commissioning Plan 2015-20 was approved in June 2015. It sets strategic priorities and outcome measures with targets to be refreshed annually. All Theme Committees agreed five year Commissioning Plans. An addendum to the Commissioning Plan was agreed in March 2017 with updated targets for 2017/18.
- 1.2 This report sets out the performance achieved in 16/17 with further detail for each of the commissioning intentions and performance indicators contained in Appendix A.
- 1.3 **34** commissioning intentions were included in the Commissioning Plan. Of these, **82% (28)** are Green, **18% (6)** are Green Amber, **none** are Red Amber and **none** are Red.
- 1.4 Of the **17** indicators included in the plan, **16** were given a RAAG rating. **82% (14)** were rated Green, **12% (2)** were rated Green Amber, **6% (1)** were rated Red Amber, and none were rated Red. **13** indicators were given a 'direction of travel' (DOT) status. **77% (10)** have an "improved or maintained" DOT, and **23% (3)** have a "worsened" DOT.

### Successes

- 1.5 There have been some significant successes in 2016/17. The Council has implemented strengths-based social care, a delivery approach which aims to promote resilience for service users and reduce the reliance on funded packages of care. A strengths-based practice training programme was co-developed through a successful pilot in Quarter 1 and rolled out across the operational teams in Quarters 2 and 3; the programme was shortlisted for the Creative and Innovative Social Work Practice award at the Social Worker of the Year awards. CareSpace, local assessment hubs, were rolled out across the borough, enabling operational teams to make stronger links with local communities and service users to have better access to community resources, with two hubs (the Independent Living Centre and Anne Owens) co-located with local voluntary and community sector (VCS) organisations. Social work teams were also encouraged to work more flexibly within the community through the introduction of mobile working technology across the Delivery Unit.
- 1.6 A range of innovative new care and support services have been commissioned and launched, including the new telecare service; the revised accommodation and support offer, which includes a number of innovative service options such as Neighbourhood Networks (which help people maintain their tenancies and develop their local, social and support networks), supported living for people with complex disabilities and health needs, and the

Crash Pad emergency respite service for people with learning disabilities; access to employment support services through the Your Choice Barnet contract; a new Personal Assistants (PAs) service, delivered by Your Choice Barnet; and the Shared Lives service, delivered in partnership with LB Harrow. These will lead to improved quality of life for residents and lower cost to the Council.

- 1.7 The new carers' support offer was launched, with a new contract for specialist carers' support services mobilised and the development of a new team which supports carers of people with dementia. Feedback from carers who have been supported by the new service is positive, with the majority stating that the service has helped their wellbeing and to sustain their caring role. The Council also became part of the national Employers for Carers scheme. These services formed part of the integrated Barnet Carers and Young Carers' Strategy.
- 1.8 The Council has seen sustained success in keeping the rate of admissions to residential care well below target for both older and working age adults. For older adults new admissions are at 381.9 per 100,000 and for working age adults new admissions are at 8.5 per 100,000 population against a target of 16.6. These numbers will be validated as part of year end activity to support the Council's statutory returns. Barnet's performance in these areas compares well with other local authorities.
- 1.9 Other preventative services have also performed strongly. Telecare installations are at 1,013 packages for the year, well above the target of 800 while the percentage of service users receiving ongoing services who have telecare has increased from 12.7% at the end of 2015/16 to 16.2% at the end of Q4, just short of the 17% target, creating a strong foundation for the new telecare provider to build on in the next financial year. The number of instances of information, advice and guidance provided to carers reached 3,226, exceeding the target of 3,000 instances.
- 1.10 The mental health accommodation and employment indicators are both rated Green with substantial improvement in the employment indicator in particular, which has reached 7.6% against the 7.2% target. This is a recovery following a dip in quarter three when a number of service users – those more likely to be in employment – moved on from receiving mental health services. The new mental health service structure is in place enabling delivery of the new operating model – focusing on enablement and prevention – to be embedded in 2017/18.

- 1.11 Barnet's Neighbourhood Services continue to provide support to older people in the borough, catering for different needs and interests. The services are run by a group of local voluntary organisations, commissioned by the council through the lead provider Age UK Barnet. They include a wide range of social, educational and exercise activities, including IT sessions, help to access health services, cooking and nutrition, practical help and social activities, to enable people to stay healthy, active and independent and increase their well-being. The model has been successful at increasing participation in day activities by older people and increasing the number of volunteers. A total of 1,009 new clients accessed the service during 2016/17, with over 600 active volunteers.
- 1.12 The council commissioned a new contract commencing April 2016 with Alzheimer's Society for dementia support services in the community. The new service comprises:
- Dementia Advisors - work with people at an early stage, helping them at the point at which they are diagnosed to make the choices which will let them live as independently as they possibly can.
  - Dementia cafes - an informal social point at which people with dementia and their carers can come together, sharing views, obtaining mutual support and gathering information and participating in arts and crafts activities.
  - A dementia day opportunities service and carer support, the day experience is now also offering half day slots at different venues across the borough.
  - In addition to the above the Alzheimer's Society has developed a Dementia Hub in Hendon, formally opened in May, providing a visible presence for the integrated dementia support services.
- 1.13 A Dementia Action Alliance Co-ordinator (DACC) is being resourced by the Alzheimer's Society outside of the tender. A number of organisations have signed up to form the Barnet Dementia Action Alliance (DAA), which is recognised as the building block to for Barnet to become a dementia friendly borough. The Alzheimer's society works closely with Barnet's re-modelled Memory Assessment Service, commissioned by Barnet Clinical Commissioning Group (BCCG) and provided by Barnet Enfield and Haringey Mental Health Trust (BEHMHT). This ensures integrated support for people with dementia, at the point of diagnosis.
- 1.14 The Shared Lives scheme commissioned by Barnet and provided by LB Harrow is underway and work is ongoing to embed the scheme and ensure referrals are being made at the appropriate rate. To date six placements have been made across learning disabilities, mental health and older people cohorts. Service user feedback has been very strong and carers / family members also report positively, highlighting the trust they have in the carers enabling them to make the most of respite opportunities.

- 1.15 Planning applications for leisure centres at Barnet Copthall and New Barnet have been approved. Construction will start on site later in 2017. Annual leisure centre attendances increased in 2016/17 at 1,164,316 (+1.68%) against the baseline of 1 million. For children and young people, participation in junior sports courses increased, predominately in swimming and gymnastics resulting in a 16% increase in sports course members. The main areas of attendance improvement were:
- 8.7% increase in older adults (45+)
  - 11.3% increase in BME
  - 5.9% increase in women and girls
  - 9.9% increase in disabled participation.
- 1.16 Areas that have seen significant programme development include the addition of gender specific and family swimming lessons to the programme offer and the introduction of Dementia Swimming at Barnet Copthall.

### **Challenges**

- 1.17 Adult social care experienced significant challenges in relation to its budget in 2016/17, due to the impact of demand pressures and increased complexity of need, in relation to dementia, learning disabilities and referrals from the NHS. The position for 2016/17 reflected the full year budget impact for a number of individuals placed part way through 2015/16 and continuing through into 2016/17, as well as new pressures from new placements in year and increases to existing packages reflecting increases in need. The Deprivation of Liberty Safeguards (DOLs) service continued to have a significant pressure in 2016/17 (£0.5m), as a result of the Supreme Court judgements in 2014/15 and a loss of national grant funding since 2015/16.
- 1.18 The Council is continuing to take positive measures to mitigate the impact of this wherever possible. The areas of spend that are not related to care packages or care placements (staffing, non-care third party spend) have been closely controlled and have underspent to reduce the overall pressure. Additional funding has also been put into the adult social care budget.
- 1.19 Performance against the employment and accommodation indicators for Learning Disabilities has declined slightly, with the accommodation indicator performing at Green Amber and the employment indicator at Red Amber. LD service users should benefit from the new accommodation support options and day opportunities (including employment support services) which have launched in Quarter 4; along with the new employment service provided by Your Choice Barnet. Plans to develop a framework for employment support providers should also help address performance in this area. An in-depth review of the LD service is currently under way with a focus on identifying any

barriers to accessing more creative support options, which would enable independent living and employment opportunities.

- 1.20 Services which prevent non-elective admissions to hospital have performed well at 7,072 admissions against the target of 7,749, which relieves some pressure on the NHS. However, delayed transfers of care – an indicator of the pressure across the health and social care system – have performed more weakly than the target throughout the year. At Quarter 4, delays due to both health and social care were at 9.9 per 100,000 against the target of 7.35. Social care delays were at 5.1 against a target of 2.5 per 100,000. These indicators include delayed discharges from acute hospitals, community hospitals and mental health in-patient services.. The council has taken part, with NHS partners, in a review to explore the root causes of issues in A&E performance including the impact of delayed discharges. The exercise found that Barnet does not have issues with delays caused by social care assessments or by the availability of equipment. Issues were raised in relation to the availability of homecare and nursing care although residential care capacity was perceived to be less of an issue. Other local authorities across North Central London have been experiencing similar issues with social care provider capacity and a joint programme of work is being developed with NHS partners to stimulate the provider market. The increase in delayed transfers of care attributable to social care should be seen in the context of significant growth in referrals to social care from NHS services. For example, referrals to adult social care from secondary NHS care increased by 49% (from 2,565 to 3,814) between 2010 and 2015 and the referral level remains high.
- 1.21 The council continues to work closely with the NHS to maintain the operational arrangements which enable transfers of care to take place in an efficient and timely manner. Barnet is an active participant in its local Accident and Emergency Delivery board and senior managers took part in a series of ‘rapid improvement events’ in hospitals early in 2017. In the interim, the Delivery Unit has been proactive in managing these pressures, negotiating more block provision with providers which in turn gives providers the reassurance they need to recruit and to increase capacity. The new Your Choice Enablement service has developed further in Quarter 4 and has added 600 hours of care a week to available provision in the Borough.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Theme committees review performance against their commissioning priorities on an annual basis. The commissioning plan sets out the council’s strategy for delivery quality services and enabling good outcomes for residents whilst addressing budget and demand pressures.

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

3.1 N/A

### **4. POST DECISION IMPLEMENTATION**

4.1 Work to implement the Commissioning Plan and respond to performance challenges will continue.

### **5. IMPLICATIONS OF DECISION**

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

5.1.1 The Commissioning Plan reflects the priorities contained within the corporate plan and the Health and Wellbeing Strategy.

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

5.2.1 The Council is facing significant budget reductions at the same time as the population is increasing, particularly in the young and very old population groups. The Commissioning Plan has been informed by the council's Medium Term Financial Strategy, which sets out the need to make significant savings by 2020.

5.2.2 While performance against the commissioning intentions set out in this plan remains positive, the council has continued to experience significant challenges in relation to the adult social care budget in 2016/17. The adult social care budget overspent by £5.352m, which is 6 per cent of the total budget (£86.807m). The council is continuing to take positive measures to mitigate the impact of demand pressures wherever possible, including through additional funding from the precept and new social care grant.

#### **5.3 Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

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

5.4.1 All proposals must be considered in terms of the council's legal powers and obligations, including its overarching statutory duties such as the Public Sector Equality Duty.

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

receive reports on relevant performance information on Delivery Units providing services under the remit of the Committee.

## **5.5 Risk Management**

5.5.1 The council has an established approach to risk management. Key corporate risks are assessed regularly and reported to Performance and Contract Management Committee on a quarterly basis.

## **5.6 Equalities and Diversity**

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

## **5.7 Consultation and Engagement**

5.8 The Corporate Plan and Commissioning Plans were informed by extensive consultation through the Budget and Business Planning process. The consultation aimed to set a new approach to business planning and engagement by consulting on the combined package of the Corporate Plan, Commissioning Plans, and budget. Consultation on the Council's plans for 2016/17 was undertaken following the decision by Policy and Resources Committee to proceed to consultation on the 2016/17 Budget, on 16 December 2015.

## **5.9 Insight**

5.8.1 N/A

## **6. BACKGROUND PAPERS**

6.1 Adults and Safeguarding Commissioning Plan - 2017/18 addendum, Adults & Safeguarding Committee, 6 March 2017  
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MIId=8676&Ver=4>

6.2 Adults and Safeguarding Committee Commissioning Plan 2015-20:  
<https://barnet.moderngov.co.uk/documents/s22062/Appendix%20A%20-%20Adults%20and%20Safeguarding%20Commissioning%20Plan.pdf>



## Adults and Safeguarding Committee Commissioning Plan - Annual Performance Report 2016/17

The tables below provide an update on the Adults and Safeguarding Committee Commissioning Plan for 2016/17 against each of the Commissioning Priorities:

- **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.
- **Prevention and Early Intervention** - working age adults and older people are provided with the tools to manage their own health and wellbeing and maintain independence.
- **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.
- **Safeguarding** - working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk from abuse and neglect
- **Carers** - carers are valued as expert partners in supporting working age adults and older people to live independent lives.
- **Sport and Physical Activity** - health and wellbeing outcomes are achieved in a manner that is sustainable.

PLANNING FOR LIFE			
Commissioning Intention	RAG	Commentary	Service

Commissioning Intention	RAG	Commentary	Service
<p>Social Workers will work with older and working age adults to support them to remain independent, focusing on what they can do and how they can increase their resilience</p>	<p><b>Green</b></p>	<p>The council implemented strengths-based social care, a delivery approach which encompasses: social work and occupational staff working in a strengths-based way with service users and carers; Adults and Communities (A&amp;C) Staff working in the community, in specially developed Care Spaces (Assessment Hubs) or co-located with the voluntary and community sector; and increased signposting, prevention and early intervention. Strengths-based social care aims to promote resilience for service users and carers, improve quality of practice, and reduce the reliance on funded packages of care. A strengths-based practice training programme was co-developed through a successful pilot in Quarter 1 and rolled out across the A&amp;C operational teams in Quarters 2 and 3; the programme was shortlisted for the Creative and Innovative Social Work Practice award at the Social Worker of the Year awards. CareSpaces were rolled out across the borough, enabling operational teams to make stronger links with local communities and service users to have better access to community resources, with two hubs (the Independent Living Centre and Anne Owens) co-located with local voluntary and community sector (VCS) organisations. Social work teams were also encouraged to work more flexibly within the community through the introduction of mobile working technology across the Delivery Unit. Prevention, early intervention and signposting were provided by Social Care Direct and VCS services. Further work will take place during 2017/18 to embed and enhance the strengths-based model.</p>	<p>Adults and Communities/ Commissioning Group</p>
<p>Work with Barnet Homes, developers and private landlords to ensure that accommodation supports people to live independently, through increased numbers of home adaptations, building more accessible and extra care housing; and use of assistive technology</p>	<p><b>Green</b></p>	<p>The Accommodation and Support tender process has closed with contracts awarded to 39 providers over eight lots. The new services offer a greater choice to service users and practitioners and are able to offer more flexible responses to different levels of need. A new housing pathway was implemented between the council and Barnet homes to speed up access to mainstream housing for adult social care service users. Moreton Close (53 units) , the first of three new extra care schemes being funded by the Council, went into its construction phase and plans to develop two further schemes progressed through the council's development pipeline. Wheelchair accessible housing was built in response to the council's commissioning plans. Increased numbers of DFGs were provided, with 232 completed this year.</p> <p>The council has continued to support the West London Alliance and North Central</p>	<p>Commissioning Group</p>

Commissioning Intention	RAG	Commentary	Service
		<p>London accommodation collaboratives with advice on market conditions, quality issues and market engagement.</p> <p>Your Choice Barnet increased the focus on promoting greater independence as part of its supported living service, through implementation of the new contract. The Council mobilised a new telecare service in the last quarter of 16/17 and it is anticipated that more assistive technology will be used in accommodation services going forward as a result.</p>	
Implement a Shared Lives scheme, supporting disabled people to live in family homes, develop their independence and prevent the need for long-term residential care	<b>Green Amber</b>	The Shared Lives scheme was implemented in 2016/17. The scheme continues to be delivered with work ongoing to improve referrals. Green amber rating relates to continued need to increase referrals into the scheme and take up among service users.	Adults and Communities
Roll out and promote Home Share schemes, to enable people to stay in their own homes with support	<b>Green</b>	The council has worked in partnership with Novus (a national leader in the home care market) and Age UK to promote Homeshare options. The service went live in 2016/17 and promotional activities took place. A rapid evaluation (as part of the National Lottery funded National Homeshare evaluation) has been undertaken to assess the potential for expansion of the scheme in Barnet. The results of the evaluation will be used to further develop Barnet's approach.	Commissioning Group
Work with dementia community services to develop a dementia network in 2016/17 supporting our commitment to become a dementia friendly community	<b>Green</b>	A programme of work has been launched to make Barnet a dementia friendly borough. A Barnet Dementia Action Alliance has been formed and was launched during Dementia Awareness Week in May 2017. Service users and carers have been invited to participate in an Engagement Working Group. Two meetings have taken place and a draft action plan has been developed. The council worked with the Alzheimer's Society and the Salvation Army to develop a Barnet Dementia Hub, opened in May 2017.	Commissioning Group
Later life planners, dementia advisors, dementia cafes and memory assessment service will support older people, those with dementia and their carers to stay active and involved in their community	<b>Green</b>	The Barnet community dementia service is commissioned jointly by the council and Barnet CCG, and comprises early intervention, advice, support and diagnosis and treatment. The London Borough of Barnet have commissioned the Alzheimer's Society to deliver a support programme which includes the development of a dementia hub, provision of three dementia advisors, and 4	Commissioning Group

Commissioning Intention	RAG	Commentary	Service
		<p>dementia cafes across the borough. These services are fully integrated with the Barnet Memory Assessment Clinic, commissioned by the CCG. Barnet has a dementia diagnosis rate of 75.1% as at 31 March 2017, which is in excess of Barnet's local target of 75% and the national rate of 67.6%.</p> <p>The MAS has a referral to assessment time of six weeks (meeting the Barnet HWBB target) with a low non-attendance rate of 2-5%. The MAS has also recently gained Memory Services National Accreditation Programme (MSNAP) accreditation October 2016.</p> <p>As part of the community service, the Barnet Dementia Hub in Hendon was launched in May 2017. This provides 'Day Experience' - a range of activities; cognitive, physical and social for people with dementia in a safe and welcoming environment with trained staff and volunteers. Individuals are encouraged and supported to maintain their skills and remain a part of their communities. The Day Experience offer is also being run in half day slots at different venues across the borough. The Hub will include a resource element and individuals can access support and the resource either by telephone or visiting the Hub where there will be a Dementia Advisor present during opening hours.</p> <p>Later Life Planners saw 750 new clients this year, 1144 individuals. They saw 1509 people during the year as some people used the service more than once.</p>	
<p>Implement neighbourhood model of community support for Adult Social Care Clients focusing on wellbeing and inclusion (e.g. activities such as gardening and lunch clubs, information and advice, digital inclusion, befriending, strength and balance (falls prevention) classes, yoga, walks, music groups and sing-alongs, and handyperson service</p>	<p><b>Green</b></p>	<p>The council continued to commission a wide range of community and neighbourhood services for older people. The Barnet Provider Group supported over 7,000 people through the neighbourhood model of day services for older people, providing a wide range of activities. Ageing Well provided a number of small group activities for older people. The Handyperson service continued to operate and supported 696 clients. The home from hospital service supported people with lower needs upon their discharge from hospitals.</p>	<p>Commissioning Group Adults and Communities</p>

Ref		Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking
CPI	AC/S10 (ASCOF 1B)	Percentage of people who feel in control of their own lives	Bigger is Better	Apr 2016 - Mar 2017	69% (within confidence interval) <sup>1</sup>	69% (G)	68%	Improving	CIPFA comparator group average 71.7% (2015/16, ASCOF)
SPI	AC/S2 (ASCOF 3D)	Service users who find it easy to get information	Bigger is Better	Apr 2016 - Mar 2017	71.3% (within confidence interval)	69.4% (G)	71.3%	Worsening	Comparator group average 72.9% (2015/16, ASCOF)
SPI	AC/S27	Percentage of customer contacts into Social Care Direct resolved at first point of contact	Bigger is Better	Apr 2016 - Mar 2017	Monitor	54%	55%	N/A	No benchmark available

PREVENTION AND EARLY INTERVENTION			
Commissioning Intention	RAG	Commentary	Service
Make more information and guidance available at the first point of contact through the 'social care direct' service	Green	Social Care Direct provided information, advice and signposting to 60,000 callers. The adult social care webpages on the council website have been further developed with new carers' pages now available. The long-term digital strategy for adult social care is under development. CAB and Healthwatch were commissioned to provide information and advice on health and care	Adults and Communities
Enhanced Social Care Direct team is working faster and intervening earlier with people who have social care needs, reducing the need for safeguarding investigations and preventing crises	Green Amber	Social Care Direct dealt with 46,391 calls in 2016/17. Of these, 44,059 were given advice, information and signposting. Calls referred onto adults and communities totalled 2,332, a decrease of 809 from the previous year.	Adults and Communities

<sup>1</sup> All indicators based on the Adult Social Care user survey are set using a 'confidence interval' which takes account of the margin of error which may result from surveying a small sample of the population.

Commissioning Intention	RAG	Commentary	Service
Intervening earlier, to help residents get back on their feet sooner and prevent crises through the roll out of the integrated health and care team for older people (BILT) to cover the whole of Barnet.	Green	The Barnet Integrated Locality Team (BILT), a key scheme within the Better Care Fund, has been well established across the borough, working with patients across Barnet and linked to every GP practice. The team provides community based support to service users and patients who are at risk of an unplanned accident and emergency attendance or unplanned admission into an acute setting within the next 12 months. Along with the Rapid Response service, use of risk stratification and prevention services, patients and service users are able to access preventative and support services within a community setting.	Commissioning Group
New programme of support for carers of people with dementia will support carers to continue to care for their loved one and maintain their family together.	Green	<p>Since the A&amp;C Specialist Dementia Carers Service was established in June 2016 the service has supported 52 adults. 77% of the carers attending the training/ peer support aspect of the programme strongly agreed and 23% agreed that “the support/ information and guidance that they had received through the programme would enable them to better focus on their own health and wellbeing”. 66% of carers attending strongly agreed and 33% agreed that “the support/ information and guidance that they had received through the programme would support them to be sustained in their caring role”.</p> <p>Since the service’s establishment no adults with dementia who have been supported through the service have entered into residential care and during 2017/18 the service will be carrying out further engagement and working to ensure that the programme of support offered can benefit as many adults as possible with the aim of being able to increase the number of adults able to participate in the full programme of support offered.</p>	Adults and Communities

Commissioning Intention	RAG	Commentary	Service
<p>Commissioned prevention and services will focus on increasing wellbeing, reducing isolation and increasing ability to manage daily living and participate in the community through community development projects, the use of innovative technologies (such as VisBuzz which makes video calling simple) and supporting Public Health initiatives such as Community Centred Practice; using health volunteers to encourage resilience and self-management</p>	<p>Green</p>	<p>Prevention services for all client groups increased their reach in 2016/17 – for example, the Neighbourhood model increased the numbers of people it supported and the mental health Network expanded its service. VisBuzz was piloted and options for increased technology use will be taken forward with Argenti, the new telecare provider. Working in partnership with the CCG and public health a full review of early intervention activity has been completed. Work with the provider market has been completed in partnership with CommUNITY Barnet. The Wellbeing Hub continues to grow and provide a single gateway for mental health earlier intervention services.</p>	<p>Commissioning Group</p>
<p>Develop increased numbers of personal assistants, so that people with care and support needs can be more in control of their own support.</p>	<p>Green Amber</p>	<p>The Personal Assistants service was implemented in early 20-16/17 and has continued to be delivered with work ongoing to improve referrals.</p>	<p>Adults and Communities</p>

Commissioning Intention	RAG	Commentary	Service
Help people with learning difficulties and mental health issues play an active part in their communities, we're putting them in contact with support networks, and working with day services and employers to ensure access to employment, volunteering and training.	Green	<p>Employment support has been available to mental health service users through the Network and through a specialist employment service commissioned by Barnet Public Health, Twining enterprise, co-located with the Network and the mental health trust, which supported 45 people into employment in 2016/17. The council has also commissioned Mencap to provide employment support (the Working for You service). The council provided a number of local VCS and other providers with specialist training on best practice in employment support through the British Association for Supported Employment (BASE). The Council commissioned and worked with Your Choice Barnet to develop an employment pathway for YCB service users, which is now implemented. Advice and signposting has also been provided in relation to employment and access to employment has been promoted through review and support planning, as part of the strengths-based working approach.</p> <p>Employment support and workplace retention services, which will provide a pathway to support people with mental health problems and learning disabilities back into work, have been included in the new Day Opportunities tender to bring more providers into the local market from autumn 2017.</p>	Commissioning Group Adults and Communities

Ref		Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking
CPI	AC/S3 (ASCOF 1G)	Percentage of adults with learning disabilities who live-in their own home or with their family	Bigger is Better	As at 31 March 2017	63.00%	71.6% (G)	63.60%	Improving	CIPFA 68.8% London 70.1% (2015/16, ASCOF)
Performance has improved in Q4 for the overall learning disabilities cohort and the rate of new admissions to residential care for working age adults has also remained low at 8.5 per 100,000 population for the year, an improvement on 2015/16's rate of 10.63 per 100,000. The council's new accommodation and support offer is now live and includes a range of innovative new accommodation services such as Crash Pad and neighbourhood networks as well as more conventional support to live at home. The council is working with Barnet Homes to ensure regular referrals are made into mainstream housing. Referrals are monitored by a joint Housing Oversight Panel.									
CPI	AC/S4 (ASCOF 1E)	Percentage of adults with learning disabilities in paid employment	Bigger is Better	As at 31 March 2017	10.8%	10.9% (G)	9.2%	Improving	CIPFA 9.9% London 7.5% (2015/16, ASCOF)



Ref	Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking	
Performance has improved in Q4, and achieved the annual target. Performance continues to be better than the London average and slightly worse than national. New employment services are expected to improve this position further in the future.									
CPI	AC/S5 (ASCOF 1F)	Percentage of adults with mental health needs in paid employment	Bigger is Better	As at 31 March 2017	7.2%	7.6% (G)	4.8%	Improving	CIPFA 6.5% London 5.0% (2015/16, ASCOF)
CPI	AC/S6 (ASCOF 1H)	Percentage of adults with mental health needs who live independently, with or without support	Bigger is Better	As at 31 March 2017	83%	84.2% (G)	81.0%	Improving	CIPFA 74.4% London 73.5% (2015/16, ASCOF)
SPI	AC/S17	Number of new telecare packages installed	Bigger is Better	Apr 2016 - Mar 2017	800	1013 (G)	889	Improving	No benchmark available
SPI	AC/S18	Percentage of service users receiving ongoing services with telecare*	Bigger is Better	Apr 2016 - Mar 2017	17%	16.2% (GA)	12.7%	Improving	No benchmark available
2016/7 saw improved performance against two key indicators – employment and independent living for people with mental health needed. Telecare performance also improved. The new telecare contract is now live. The service is being promoted to social workers, AEOs and SCD to ensure referrals are made and the referrals process itself has been streamlined through the introduction of the new Mosaic case management system									

PERSON-CENTRED INTEGRATED SUPPORT			
Commissioning Intention	RAG	Commentary	Service

Commissioning Intention	RAG	Commentary	Service
<p>Social care commissioning will be integrated with primary and secondary health services to deliver better outcomes for residents</p>	<p><b>Green</b></p>	<p>Final proposals for the Barnet Mental Health enablement pathway were approved by the General Functions Committee. More people with mental health issues will receive support focused on helping with their whole life, for example, getting a job and a home of their own. The new model maintains partnership working with health whilst increasing focus on holistic support and access to the community.</p> <p>Close partnership working and commissioning with primary and secondary care health services was carried out through commissioning plans for dementia, the Better Care Fund, urgent care, Transforming Care and learning disabilities team, voluntary sector commissioning and a refresh of S75 agreements. For example, the Barnet Integrated Locality Team (BILT) started working across the borough, focusing on helping 1,900 patients who had the most frequent GP visits and highest incidence of long-term health conditions to get back on their feet sooner.</p> <p>In line with the NHS Five Year Forward View, every health and care system has been working to produce a Sustainability and Transformation Plan (STP) to show how local services will become sustainable over the next five years. Barnet has worked to develop the North Central STP with local authority and health partners and has led on the development of devolution proposals for the STP.</p>	<p>Commissioning Group</p>
<p>The Better Care Fund plan will focus on the comprehensive roll out of our integrated care model, helping people get back on their feet through integrated teams, Rapid Response Care, Home From Hospital and Enablement services</p>	<p><b>Green</b></p>	<p>The Barnet Integrated Locality Team (BILT), a key scheme within the Better Care Fund, has been well established across the borough, working with patients across Barnet and linked to every GP practice. The team provides community based support to service users and patients who are at risk of an unplanned accident and emergency attendance or unplanned admission into an acute setting within the next 12 months. Along with the Rapid Response service, use of risk stratification and prevention services and other key services, including the ageing well programme and the Dementia Hubs, patients and service users are able to access preventative and support services within a community setting. The Home From Hospital service and the enablement service supported people being discharged from hospital. Problems with a commissioned enablement provider were effectively dealt with by the A&amp;C Delivery Unit. .</p>	<p>Commissioning Group</p>

Commissioning Intention	RAG	Commentary	Service
Improved telecare provision, driven by advances in technology, will help people to care for themselves in their own homes	Green	The new telecare contract has been mobilised with referrals to the new provider taking place from April 2017.	Adults and Communities
Develop a model of mental health social care focused on recovery and maximising inclusion	Green	The new Mental Health structure became operational in April 2017. The model has a greater focus on enablement and preventative services with a holistic, person-centred approach to meeting people's needs.	Adults and Communities
The integrated learning disability team will work across social care, community health and mental health to support people with complex needs remain safe, well and as independent as possible	Green Amber	The Barnet Integrated Learning Disability Team provided care and support for 783 people and their carers in 2016/17. . Following the Winterbourne view enquiry, the national Transforming Care Programme (TCP) was established to accelerate hospital discharges and augment community services to avoid hospital admission of those people with learning disabilities and complex behaviour,. Barnet is part of the NCL TCP and the Barnet team has moved 2 long stay NHS patients back to Barnet and active discharge plans (accommodation and support providers identified and agreed) are in place for the 2 remaining long stay NHS patients. The CCG/ILDS approach to admissions avoidance which includes children's services (transitions) is achieving good results with a significant reduction in admissions to hospital with only 1 person admitted from residential care to rehabilitation, rather than hospital.	Commissioning Group

Ref	Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking
CPI AC/S8	Percentage of new clients, older people accessing enablement	Bigger is Better	Apr 2016 - Mar 2017	63.0%	70.3% (G)	61.5%	Improving	No benchmark available
CPI AC/S9 ASCOF2A (2)	Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	Apr 2016 - Mar 2017	530	381.9 (G)	New method 2016/17	New method 2016/17	CIPFA 445.2 London 516.5 (2015/16, ASCOF)
CPI AC/C14	Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64*	Smaller is Better	Apr 2016 - Mar 2017	16.60	8.50 (G)	10.63	New method 2016/17	Group average 6.9 (Q3 2016/17, LAPS)
SPI AC/S16 (ASCOF 1C/2A)	Proportion of service users with a direct payment	Bigger is Better	Apr 2016 - Mar 2017	42%	37.53% (RA)	40.10%	Worsening	CIPFA 29.5% London 27.6% (2015/16, ASCOF)

Ref	Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking	
A key achievement in 2016/17 was that admissions to residential and nursing homes for older and working age people decreased, which shows the progress of strength based working and the council's ability to support more people in their own home, through the implementation of an enhanced range of commissioned services. Direct Payments continue to be promoted through the support planning process and through challenge at the Panel approval stage. Barnet remains a high performer nationally against this indicator with benchmarking data for 2015/16 showing a comparator group average of 29.5% and a London average of 27.6%									
SPI	AC/S25	Percentage of Social Care Direct customers who are satisfied or very satisfied with the service they have received post resolution	Bigger is Better	Apr 2016 - Mar 2017	85%	80% (GA)	100.0%	Worsening	No benchmark available
Performance dropped in Quarter 4 to 80% against the 85% target, from 100% at the end of Quarter 3. The indicator is rated Green Amber. Satisfaction ratings are being considered as part of the overall review of the Adult Social Care Front Door structure which is being implemented in 2017/18.									

SAFEGUARDING			
Commissioning Intention	RAG	Commentary	Service
Safeguarding concerns will be responded to quickly through our enhanced Social Care Direct Service, resolving the issues as quickly as possible	Green	Safeguarding concerns are always dealt with as a priority. The council follows the agreed London-wide multi-agency safeguarding adults procedures. Response quality and timeliness is reviewed by the Barnet safeguarding adults board. We are investigating the implementation of an Adult Multi Agency Safeguarding Hub.	Commissioning Group
With the Police, NHS and voluntary sector partners, continue to embed and champion the principles of Making Safeguarding Personal	Green	Personalisation is one of the five key priorities set out in the Barnet Safeguarding Adults Board (BSAB) Business Plan 2016-18.  One of the objectives is to ensure all partners have the adult at risk and the outcome they seek as the primary driver to the approach to safeguarding. This is being delivered through the implementation of the revised Pan-London Safeguarding procedures.	Commissioning Group

Commissioning Intention	RAG	Commentary	Service
Implement the new Pan-London Safeguarding procedures, ensuring a consistent approach to safeguarding across London	Green	<p>The Council and partner agencies have implemented the revised London multi-agency procedures. This process was overseen by the BSAB. The Local Authority training programme and templates were updated in line with the Care Act and with the revised London Multi-Agency Safeguarding Policy and Procedures. Staff have been provided with training on the revised procedures.</p> <p>Briefing sessions on the new London Safeguarding procedures have been run for local NHS colleagues including, mental health &amp; GPs and the Police. Hard copies of the policy and procedures have been provided to key teams across the Safeguarding Adults Board partnership as well as being included on agencies safeguarding intranet sites.</p>	Commissioning Group
Work with partners to improve multi-agency responses to local needs, particularly in the areas of pressure ulcers, and self-neglect	Green	<p>One of the five priorities for the BSAB is pressure ulcer management. , A decision guide, the <i>Safeguarding Adults and Pressure Ulcer Protocol tool (PUP)</i>, was developed and implement to support appropriate responses to pressure ulcer care and whether concerns need to be referred into the local authority as a safeguarding alert.</p> <p>This tool has significantly decreased the amount of inappropriate referrals to Barnet social services in relation to multiple grade 2, grade 3 and 4 pressure ulcers.</p> <p>As part of the work of the BSAB Personalisation sub-group, a multi-agency Risk Panel has been established to undertake reviews of cases of hoarding and self-neglect and develop detailed responses to address needs. It is a multi-agency panel with health, social care, fire service, community safety, Barnet Homes and environmental health contributing.</p>	Commissioning Group

Commissioning Intention	RAG	Commentary	Service
Work with the police and other partners to improve Access to Justice for vulnerable adults	Green Amber	<p>One of the five priorities for the BSAB is to improve the access to justice for adults at risk, especially with regards to Disability Hate crime; and to ensure that adults at risk know how they can report a crime with confidence that the process will aim to gain the best outcome for the victim. The BSAB has been leading work to ensure that the procedures are followed to ensure that when a crime is reported the chance of a conviction is maximised, by delivering training to key roles and by working more closely with the Crown Prosecution Service (CPS).</p> <p>During 2015 the Barnet Safeguarding Adults Board (SAB) and Safer Communities Partnership Board reviewed the operation of Third Party reporting sites for reporting hate crime in Barnet. Two of the reports main findings were that:</p> <ul style="list-style-type: none"> <li>• “[As is the case nationally, in Barnet] there is widespread under-reporting. The engagement activities revealed that disabled people experience crime and significant levels of Hate Crime incidents that need to be recorded.”</li> <li>• There were several shortcomings in the local Hate Crime reporting system.</li> </ul> <p>On the 10<sup>th</sup> October a multi-agency Hate Crime Reporting event was held where the renewed process for reporting hate crime were launched. There are now 19 hate crime reporting sites. A programme of training was provided to front-line officers and investigators in the Community Safety Unit on correctly recording disability hate crime under a new investigative tool called ‘Disability Hate Crime MATTERS’</p>	Commissioning Group

Ref	Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking
-----	-----------	----------	----------------	----------------	----------------	----------------	------------------------------	--------------

Ref	Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking	
Barnet asks service users whether they feel that its services make them feel more safe and secure through an annual survey which is benchmarked against other local authorities. Barnet services have performed strongly, exceeding the averages for London and for its comparator group by more than 10%.									
CPI	AC/S15 (ASCOF 4A)	Percentage of people who use services who say those services make them feel safe and secure	Bigger is Better	Apr 2016 - Mar 2017	80.1% (within confidence interval)	79.6% (G)	67.5%	Improving	CIPFA 67.8% London 65.9% (2015/16, ASCOF)

CARERS			
Commissioning Intention	RAG	Commentary	Service
Prioritise meeting the needs of carers, including young carers, through the support planning process, 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	Green	A new integrated Barnet Carers and Young Carers' Strategy was developed and launched. This includes a new carers' support offer, with a new integrated service contract for carers and young carers support services mobilised in 2016/17 and the development of a new team that supports carers of people with dementia. The council also became part of the national Employers for Carers scheme.	Adults and Communities
Strengthen the current carers' support offer through the use of assistive technology and intensive support for carers of people with dementia; a new specialist dementia support team will be operational for 2016/17	Green	A new provider has been commissioned to provide telecare services and there is now an expanded telecare offer in place for carers. A new service within Adults and Communities has also been developed working with adults with dementia and their carers to help improve their health and wellbeing, maximize their independence and help sustain carers in their caring role	Adults and Communities

Commissioning Intention	RAG	Commentary	Service
Work to ensure that early identification of carers occurs and support provided is targeted and tailored to meet individual's needs through better support planning and applying a whole family approach aiming to reduce the number of carer breakdowns	Green	Adults and Communities have delivered monthly training sessions to staff regarding identification of carers, carers' assessments, eligibility, support planning and support available for carers in the borough. The carers and young carers strategy and its associated action plan also continues to be delivered and the new carers' support offer has been launched, with a new integrated contract for carers and young carers support services mobilized. Adults and Communities have also developed and implemented a new service working with adults with dementia and their carers to help improve their health and wellbeing, maximize their independence and help sustain carers in their caring role.	Adults and Communities
Better support carers to balance work and caring commitments, working with employers to ensure they are aware of carers' employment rights and know how to support carers in their workforce to remain in employment	Green	<p>Under the new contract for integrated support for carers and young carers there is additional employment support for carers. The Provider is also undertaking engagement with local businesses to improve awareness of carers' employment rights.</p> <p>The council have also taken up an umbrella membership with the Employers for Carers Scheme-this means that all LBB employees and all SMEs within Barnet (organisations with under 250 staff working for them) can join the scheme. Benefits of the scheme include:</p> <ul style="list-style-type: none"> <li>accessing member resources on the Employers for Carers website, including relevant legal information, practical case studies and template leaflets/workplace surveys</li> <li>invitations to Employers for Carers member events; connecting with other employers and benefitting from peer support</li> </ul>	Adults and Communities

Ref	Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking
CPI AC/S29	Number of instances of information, advice and guidance provided to carers	Bigger is Better	Apr 2016 - Mar 2017	3000	3226 (G)	New for 2016/17	New for 2016/17	No benchmark available



**SPORT AND PHYSICAL ACTIVITY**

Commissioning Intention	RAG	Commentary	Service
<p>Empower communities to support a sustainable sport and physical activity pathway which encompasses a multi-agency approach facilitated through the 'Fit &amp; Active Barnet' Partnership Board</p>	<p align="center">Green</p>	<p>The Council developed a Fit and Active Barnet strategy, which was approved by the Adults and Safeguarding Committee following consultation. The strategy was developed in partnership with local sports organisations. As well as focusing on sport, the strategy covers physical activity, including accessibility for all, with an aim to increase participation and promote wellbeing. A Fit and Active Partnership group has been established to deliver the strategy.</p> <p>In 2016/17 the council supported the establishment of a Barnet Disability Sports Network. This network raises awareness (maximising signposting and referrals), in addition to ensuring that sport and physical activity in Barnet is correct and inclusive.</p> <p>Barnet have recently featured in a pan London publication from promoting disabled sport and physical activity as a result of positive relationship building (please see below)</p> <p><a href="https://www.inclusionlondon.org.uk/wp-content/uploads/2017/05/Into-Sport-Yes-We-Can_Resource.pdf">https://www.inclusionlondon.org.uk/wp-content/uploads/2017/05/Into-Sport-Yes-We-Can_Resource.pdf</a></p>	<p align="center">Commissioning Group</p>
<p>Improve and enhance Barnet leisure facilities; developing schemes at Barnet Copthall Leisure Centre and in Victoria Recreation Ground</p>	<p align="center">Green Amber</p>	<p>Detailed design, public engagement and progress through the RIBA construction stages took place throughout 2016/7. Planning applications for leisure centres at Barnet Copthall and New Barnet were approved in early 2017. Construction is scheduled to begin later in 2017.</p>	<p align="center">Commissioning Group</p>

Commissioning Intention	RAG	Commentary	Service
<p>Promote a range of high quality, affordable and inclusive opportunities that raise awareness, highlighting the benefits of leading an active lifestyle; focusing on groups we know to be under-represented</p>	<p>Green</p>	<p><b>Leisure services</b>  Annual leisure centre attendances/ usage increased in 2016/17, at 1,164,316 (+1.68%) against the baseline of 1 million. This includes: ;</p> <ul style="list-style-type: none"> <li>- 8.7% increase in older adults (45+) attendance</li> <li>- 11.3% increase in BME attendance</li> <li>- 5.9% increase in women and girls' attendance</li> <li>- 9.9% increase in disabled participation.</li> </ul> <p>In terms of children and young people, junior sports courses achieved significant growth predominately in swimming and gymnastics resulting in a 16% increase in sports course members.</p> <p>We widened our leisure offer with the following:</p> <ul style="list-style-type: none"> <li>- Addition of women's only swimming lessons to programme</li> <li>- Addition of men only swimming lessons to programme</li> <li>- Addition of family sessions at weekend to programme</li> <li>- Introduction of Dementia Swimming at Barnet Copthall.</li> </ul> <p>GLL obtained the Inclusive Fitness Initiative (IFI) accreditation at Burnt Oak Leisure Centre and Finchley Lido in 2016/17 following a successful audit. The accreditation at Burnt Oak Leisure centre increased the achievement level from provisional to registered status;</p> <p><b>Other opportunities:</b></p> <p>Sportivate is a £56 million Lottery funded London 2012 Legacy project that gives more young people the chance to discover a sport that they love. The programme gives 14-25 year-olds access to six-to-eight weeks of free or subsidised coaching in a range of sports. In 2016/17 there were approximately 10 Barnet projects that were delivered in order to attract and engage with young people.</p> <p>Our Parks were commissioned by the council in 2016/17 to deliver activities in specific park locations in Barnet (Oak Hill, Friary Park, and Barnet Playing Fields) for 16 weeks. The project delivered a throughput of 335 participants and has been sustained via additional external funding throughout 2017.</p>	<p>Commissioning Group</p>

Commissioning Intention	RAG	Commentary	Service
<p>Work in collaboration to achieve prevention and early intervention prohibiting the onset of/alleviate the onset of long term health conditions via our commissioned activity and integration of public health outcomes within a new leisure contract</p>	<p>Green</p>	<p>During 2016/17 Barnet leisure centres introduced 'Healthwise' which provides a GP referral pathway to 3 schemes including NHS Health Checks, Diabetes Care Group and GLL's own Physical Activity Referral Scheme. Referrals received into Healthwise increased to 334 Following successful completion of the Healthwise programme, users are offered a subsidised membership and continued support from the Healthwise team In 2016 the membership base grew from 23 to 97.</p> <p>The council's sports and physical activity team and Barnet Public Health Team worked with the Tottenham Hotspur Foundation to implement a Cancer exercise referral programme (ACE).</p> <p>The procurement of a new contract for leisure management was initiated in 2016/17. The delivery of public health outcomes is a key requirement of the new contract specification. The leisure management procurement has now completed the Outline Solution Stage (ISOS) inclusive of evaluations and moderation. The invitation to submit detailed solutions (ISDS) is currently in progress. Preferred bidder and contract award is anticipated by September 2017.</p>	<p>Commissioning Group</p>

Commissioning Intention	RAG	Commentary	Service
<p>Improve strategic alignment to ensure opportunities are concentrated in a range of settings to sustain future activity; via the workplace, community, leisure, education, travel and open environment</p>	<p>Green</p>	<p>The SHAPE programme is delivered by the London Borough of Barnet (LBB) and is a three year project (2014 – 2017) funded by Sport England and the council. Working to engage young people aged 14 – 19 years, the project aims to increase participation in sport and physical activity, inspiring young people to create an ‘active habit for life’ in the specific ward locations of Burnt Oak and Colindale. To date the project has currently engaged with over 9000 participants.</p> <p>In 2016/17, analysis and feedback from partners there was a demonstrated need for the delivery of the SHAPE programme in Dollis Valley, Stonegrove and Strawberry Vale to enhance physical activity levels and address wider issues such as crime and anti-social behaviour etc. Following confirmation from Sport England, the project has expanded to these additional areas, and the council is working with the Young Barnet Foundation on this. The programme is inclusive, with 55% engagement from BME communities and increasing female participation.</p> <p>Established as a pilot project in 2016, the aim of the Mayor’s Golden Kilometre (MGKM) is to assist young people to increase their physical activity levels and recognise how easy and fun being active can be. This is achieved by working with primary schools to encourage their pupils to walk, skip, jog or run a 1KM route around their school or a local open space on a daily basis. The project is coordinated via a multi-agency steering group including the council, Saracens Sport Foundation, Middlesex University and the Barnet Partnership for School Sport.</p> <p>Health assessments as part of the MGKM, undertaken by Middlesex University (two selected primary schools over a 6 week basis) demonstrated;</p> <ul style="list-style-type: none"> <li>- 12 schools engaged to date with over 7000 participants (approx.)</li> <li>- A decrease in waist circumference by 1.1cm</li> <li>- Improved physical activity levels with the MGKM being completed 2.5 minutes quicker between the start and end of analysis</li> <li>- Three children went from being obese to overweight and one overweight child went from overweight to normal weight</li> </ul> <p>There have also been reported improvements in concentration and behaviour among pupils, noted by head teachers.</p>	<p>Commissioning Group</p>

Commissioning Intention	RAG	Commentary	Service
Facilitate local, regional and national partnerships that advocate strategic investment in Barnet, that encourage people to lead a more active and healthy lifestyle	Green	<p>The council has been working closely with Sport England (SE) on the redevelopment of the two leisure centres and in 2016/7, received confirmation that £2M of SE capital investment had been earmarked by SE for these schemes, subject to submission of a final application in summer 2017.</p> <p>The council has also secured funding from Sport England for the SHAPE programme (above). The total value of this investment in 2016/17 was £101,000 – part of a three-year total investment of £303,000.</p> <p>In addition, the following additional funding was secured.</p> <ul style="list-style-type: none"> <li>• Sportivate investment in Barnet - 10 programmes co-ordinated in 2016/17 with a value of over £15k</li> <li>• Chipping Barnet Area Committee grants- £19,980 for two separate projects; Our Parks and Better You.</li> <li>• Sponsorship investment into London Youth Games Inclusion Barnet were supported by the Council to apply for further funding from Sport England and received funding for continued delivery of the Include U project.</li> <li>• Similarly, the Council has supported London Sport to secure funding for Seated Netball funding in care homes.</li> </ul>	Commissioning Group

Ref	Indicator	Polarity	Period Covered	2016/17 Target	2016/17 Result	2015/16 Result	DOT Long Term (From 2015/16)	Benchmarking
SPI CG/S17	Percentage of people who take up leisure services – participation of over 45s	Bigger is Better	Apr 2016 - Mar 2017	20.4%	22.0% (G)	19.0%	Improving	No benchmark available
SPI CG/S28	Increasing participation in sport and physical activity	Bigger is Better	Apr 2016 - Mar 2017	37.9%	40.2% (G)	New for 2016/17	New for 2016/17	No benchmark available

**Key:**

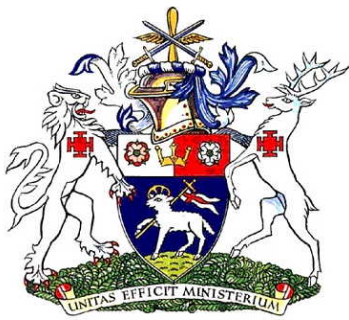
**Activities**

RAG Rating	Description
Green	Action on track or met

<b>Green Amber</b>	Action delayed, Low Impact
<b>Red Amber</b>	Action delayed, Medium Impact
<b>Red</b>	Risk of Not Delivering Or High Impact

### Indicators

Ref	RAG Rating	Percentage of Targeted Improvement Achieved	
CPI = Corporate Plan Indicator for 2016/17	<b>Green</b>	100% or more	Target is met or exceeded
SPI = Commissioning Plan Indicator for 2016/17	<b>Green Amber</b>	>80% <100%	Target not met, but 80% or more of targeted improvement achieved
	<b>Red Amber</b>	>65% <80%	Target not met, but 65-80% of targeted improvement achieved
	<b>Red</b>	<65%	Target not met, and less than 65% of targeted improvement achieved



## Adults and Safeguarding Committee

12 June 2017

<b>Title</b>	<b>Market stability and the use of social care funding announced in Spring Budget 2017</b>
<b>Report of</b>	Commissioning Director, Adults and Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	N/A
<b>Officer Contact Details</b>	James Mass, Assistant Director 020 8359 4610, <a href="mailto:james.mass@barnet.gov.uk">james.mass@barnet.gov.uk</a>

### Summary

The Spring Budget announced £2bn additional funding for adult social care. This report sets out proposals for the use of Barnet's 2017/18 allocation of this funding, for Committee approval. In line with national criteria that have been jointly set by the Departments of Health and Communities and Local Government, the proposal is to use the funding to:

- Stabilise the social care provider sector – ensuring continued high quality provision through updating rates to reflect the pressures felt by providers in the market.
- Stabilise residential and nursing care by adopting new minimum sustainable pricing levels for homes in Barnet.
- Increase capacity in social care: supporting the purchasing of increased enablement and home care hours, and making available additional nursing and residential beds.
- Improve recruitment, retention and quality of the care workforce to improve care for Barnet residents and through this, increase stability and availability of care.
- Reduce delays in securing care following discharge for hospital patients who are the council's responsibility.

## Recommendations

1. That the Adults and Safeguarding Committee approve the plans for use of the social care funding announced in the Spring Budget 2017 as set out in this report, prior to its inclusion in the Barnet Better Care Fund plan 2017-19.
2. That the Adults and Safeguarding Committee agree to the commissioning approach and minimum sustainable pricing levels for residential and nursing care purchased by the council for older adults with eligible social care needs, as set out in this report.

### 1. WHY THIS REPORT IS NEEDED

- 1.1 As part of the 2017-18 Spring Budget a total of £2.021 billion funding for adult social care nationally was announced, as supplementary funding to the improved Better Care Fund (iBCF). This is to be distributed as £1.01 billion in 2017-18, £674 million in 2018-19 and £337 million in 2019-20. For Barnet, this represents funding as follows:

Local authority	2017-18 Additional funding for adult social care	2018-19 Additional funding for adult social care	2019-20 Additional funding for adult social care
Barnet	£5,372,890	£4,092,872	£2,039,280

- 1.2 The published grant conditions set out the following requirements. The grant conditions were issued directly to local authorities, in draft form:

“Grant paid to a local authority under this determination may be used only for: the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported. A recipient local authority must:

- a. Pool the grant funding into the local Better Care Fund
- b. Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19;
- c. Provide quarterly reports as required by the Secretary of State

The government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination,



as soon as plans for spending the grant have been locally agreed with clinical commissioning groups involved in agreeing the Better Care Fund plan.”

- 1.3 This paper sets out proposals as to how the 2017/18 grant allocation is planned to be spent for Committee approval.

## 2. REASONS FOR RECOMMENDATIONS

- 2.1 It is proposed that the 2017/18 grant allocation is spent as follows:

<b>Spend type</b>	<b>Description</b>	<b>Amount</b>
Social care provider stabilisation	Increasing the minimum price paid for residential and nursing placements in borough; providing inflationary uplifts to providers	£2,889,190
Care spend to support faster hospital discharge	Commissioning and purchasing of additional packages of home care, telecare and enablement. Capacity to work with the market to ensure demand can be met.	£1,058,700
Social care market development	Developing the care workforce, rapid improvement work with providers, identifying opportunities to create more placements for adults with dementia and complex needs.	£580,000
Social care capacity to support faster hospital discharge	Additional social workers, occupational therapists and care brokers	£515,000
Meeting adult social care needs	Increasing capacity for responding to initial contacts, including urgent response and through Care Space hubs.	£330,000
<b>Total</b>		<b>£5,372,890</b>

- 2.2 By utilising the grant in this way, the spend should ensure the following:
- Faster provision of services for residents.
  - Greater ability to secure appropriate care in a timely manner.

- More sustainable care provision in the borough.
- Improvements in provider quality and stability.
- Market shaping and development of local services to better address current and future needs.
- More people helped to become independent through enablement and telecare.
- Reduction in delayed transfers of care attributable to adult social care.

2.3 This spend will be in addition to base budget spending by the Council and the CCG and previously published BCF allocations for Barnet.

### Market stabilisation

2.4 The grant will be used to fund inflationary pressure for existing capacity. Providers of supported living, residential and nursing care have submitted business cases to evidence the inflationary pressure they have experienced and these have been evaluated by the Council with the assistance of independent market experts Care Analytics. There is a particular need to increase rates at the lower priced end of the market to ensure providers can remain sustainable given increases in wage levels from factors including the national living wage.

2.5 The work commissioned from Care Analytics determined models designed to represent the minimum sustainable price to operate a care home populated entirely with local authority residents – i.e. there is no assumed subsidy from self-funders to local authority placed clients. Costs are based on an efficient care home, but with sufficient slack built into the assumptions to ensure viability, as there is recognition that a business cannot be fully efficient in all areas at all times. The model includes a 3.5% surplus, and rent / capital costs. The rates proposed are shown in the table below. The table at paragraph 2.8 below shows how the proposed new rates compare with rates paid by the council in 2016/17 for the same services.

	Residential	Residential (dementia)	Nursing	Nursing + FNC	Nursing (dementia)	Nursing (dementia) + FNC
<b>Proposed minimum sustainable price</b>	£520	£565	£545	£700	£600	£755

2.6 The grant will be used in part to fund increases to the prices paid to providers in Barnet who currently contract with the Council for a weekly rate below the above prices.

2.7 Previously, the Council has set a maximum usual price for each category – defined as the price at which registered care placements are normally secured at. A switch to a minimum sustainable price has been proposed to focus on market sustainability. In determining the most appropriate provider for an individual, the Council will always consider the needs of the individual.

Those with more complex needs are most likely to require a placement above the relevant minimum sustainable price. The Council will continue to exercise discretion in the application of a cultural premium of up to 5% for providers that can evidence additional costs incurred to meet specific religious or cultural needs.

- 2.8 The West London Alliance (WLA) has a framework for residential and nursing placements across the sub-region. The price bandings for WLA authorities placing clients in Barnet are shown below alongside the Council's 16/17 maximum usual price and the proposed new rates.

	Residential	Residential (dementia)	Nursing	Nursing + FNC	Nursing (dementia)	Nursing (dementia) + FNC
<b>Proposed 17/18 minimum sustainable price</b>	£520	£565	£545	£700	£600	£755
<b>16/17 maximum usual price</b>	£507.94	£552.95	£541.42	£696.42	£599.64	£754.64
<b>West London Alliance Barnet price band</b>	£466.00 - £557.00	£525.00 - £593.00	£513.00 - £600.95	£668.05 - £756.00	£528.00 - £638.95	£683.05 - £794.00

- 2.9 In addition, there will be significant pressures faced by the Council from the marginal difference of new residential and nursing placements being at a higher cost than those current placements that end during the year. This funding pressure will also be met from the grant.
- 2.10 A new contract for home care commenced in August 2016 and part of the grant will be used to fund the inflationary price increases that providers built into their bids for the second year of the contract commencing August 2017. There have been no significant changes in legislation or market conditions since the procurement that should not have been anticipated at the time and so there is no need to conduct an additional inflation review process with these providers.

### **Additional care spend**

- 2.11 In recent years, the council has seen a steady increase in referrals for enablement and home care from acute hospitals. NHS referrals now account for 76% of all enablement use and over half of all adult social care referrals now come from the NHS. There will be budget made available for the increased provision of enablement to individuals entering the social care system following discharge from hospital. To ensure best value is obtained from the capacity the Council is working with NHS partners to embed the

service purpose and criteria; and support further development of the hospital discharge model and pathways.

- 2.12 The Council's new telecare service launched in April 2017 following contract award to Argenti. Funding from the grant will be allocated for increasing the use of telecare by hospital teams to facilitate hospital discharges. This will include the provision of short term mobile phones, with emergency buttons giving a direct link to the telecare call monitoring centre. These can be provided to the user in hospitals at the point of discharge before a longer term installation can be made.

### **Market development**

- 2.13 A joint NHS and social care residential and nursing home rapid improvement team will be created as part of the Care Quality service in Adults and Communities. This will be a multi-disciplinary team including health practitioners, which will support struggling providers to quickly raise standards, thereby enabling new admissions to take place. This would create more residential and nursing home capacity. The council's existing Care Quality team will work alongside the rapid improvement team and continue to focus on proactive development with residential and home care providers to prevent problems developing and embed good practice. An additional quality advisor will also be employed to support home care providers with a particular focus on improving utilisation rates of staff to increase local capacity.
- 2.14 Funding has been allocated for a Barnet-wide care workforce growth programme. This would seek ways to support the employment market in front line social care, focused on increased recruitment, training and retention, and so increase capacity of homecare, residential care and nursing care in Barnet. Increased numbers, retention and quality in the front line care workforce will also improve hospital transfers of care. In doing this work, officers in social care will work with the council's Regeneration and Growth team, so that the work is linked to initiatives to help residents to find jobs (such as BOOST) develop apprenticeships and support local businesses.
- 2.15 Council officers will also explore, jointly with NHS Barnet CCG, the potential to work with residential care homes to identify opportunities to convert existing residential care to nursing care for individuals with dementia and more complex needs. Although Barnet has a high number of residential care beds in homes in the borough, there is a lack of sufficient nursing and high dependency residential care services to meet demand.

### **Social care capacity**

- 2.16 There will be additional social workers and occupational therapists recruited to a number of teams. Increased reviewing capacity will be utilised to quickly review enablement and hospital discharge cases to ensure needs are being effectively met and support is proportionate and personalised. Additional hospital practitioners will ensure that even with increased demands for assessment, quality of practice and performance does not deteriorate.

- 2.17 Additional capacity in the adult social care brokerage team will be deployed to focus on managing the increasing demand for urgent homecare placements, supporting residential and nursing placements from hospital discharge; improving communications and liaison with hospital teams; increasing market capacity insight; and home care market development activity.
- 2.18 The Council, working with CSG, has recently reviewed how best to deliver the front door into adult social care to deliver strength based practice at the first point of contact including in CareSpace Hubs. The model now being implemented will deliver as cost effectively as possible, be flexible enough to evolve as the health and social care delivery approach changes and develops and will apply the learning from best practice in the sector. Investing resource at the front-end of the system will ensure that the right skillset is available to undertake a strength based conversation early in the customer journey. Urgent need will be responded to more quickly and situations stabilised early to avoid the escalation of need and cost.

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

- 3.1 The options presented in this paper are the result of detailed ideas development conducted alongside health partners and have been formally reviewed by NHS Barnet CCG and other health colleagues through the local urgent care programme.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 The proposals will be developed further for implementation. They will also form part of the Better Care Fund plan for 2017-19 and as such will be reviewed at the Health and Wellbeing Board as part of the formal Better Care Fund approval process. The timescale for Better Care Fund submission for 2017-19 is yet to be announced by NHS England.

### **5. IMPLICATIONS OF DECISION**

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

- 5.1.1 The Corporate Plan priorities that the proposed use of the grant will support include:
- Helping the NHS manage the cost of A&E and hospital admissions through greater provision of primary and community care and improving the experience of service users, promoting independence and enabling self-care.
  - Working with older people to design and manage services that help them to be more independent and self-care through access to information, resources and community networks.
  - By 2020 social care services for adults will be remodelled to focus on promoting independence, with a greater emphasis on early intervention. This approach, working with housing and health services, will enable more people to live for longer in their own homes.

5.1.2 The proposals will support achievement of good performance against the following Corporate Plan indicators:

- 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
- AC/C13 - Number of delayed transfers of care from hospital, and those which are attributable to adult social care, per 100,000 population
- AC/C17 - Percentage of contacts that result in a care package

5.1.3 Barnet's Joint Health and Wellbeing Strategy includes the aim to "work to integrate health and social care services". The proposals in this paper support that and have been developed in consultation with Barnet CCG.

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

5.2.1 Adult Social Care experienced significant challenges in relation to its budget in 2016/17, due to the impact of demand pressures and increased complexity of need. The position for 2016/17 reflected the full year budget impact for a number of individuals placed part way through 2015/16 and continuing through into 2016/17, as well as new pressures from new placements in year and increases to existing packages reflecting increases in need. The Deprivation of Liberty Safeguards (DOLs) service continued to have a significant pressure in 2016/17 (£0.5m), as a result of the Supreme Court judgements in 2014/15 and a loss of grant funding since 2015/16.

5.2.2 The Council is continuing to take positive measures to mitigate the impact of this wherever possible. Additional funding went into the adult social care budget for 2016/17. The areas of spend that were directly controllable (staffing, non-care third party spend) have underspent. Significant work has been done to alleviate the above pressures on the care budgets in year. The 2016/7 year-end final outturn showed spend of £92.026m against a full year budget of £86.806m, resulting in a reported overspend of £5.325m (6%).

5.2.3 The monies from the grant, when formally agreed, will be allocated to the appropriate budgets and monitored through the Council's normal budget management procedures. The spending proposed should help stabilise the social care market – helping to avoid future pressures, support a sustainable social care budget and also support the local NHS system.

5.2.4 The proposals can be sustainably funded for at least the next three years from different elements of the Better Care Fund and the funding from the spring budget announcement. The 2017-19 Integration and Better Care Fund [Policy Framework](#) sets out four national conditions for spend including that "*NHS contribution to adult social care is maintained in line with inflation*".

## 5.3 Social Value

5.3.1 N/A

## 5.4 Legal and Constitutional References

5.4.1 All proposals must be considered in terms of the council's legal powers and obligations, including its overarching statutory duties such as the Public Sector Equality Duty.

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

- To receive reports on relevant performance information on Delivery Units providing services under the remit of the Committee.
- To be responsible for those powers duties and functions of the Council in relation to Adults and the Communities
- Promoting the best possible Adult Social Care services.
- To ensure that the Council's safeguarding responsibilities are taken into account.
- To consider for approval any non-statutory plan or strategy within the remit of the Committee that is not reserved to Full Council or Policy and Resources.
- Authorise procurement activity within the remit of the Committee and any acceptance of variations or extensions if within budget in accordance with the responsibilities and thresholds set out in Contract Procedure Rules.

## **5.5 Risk Management**

5.5.1 The Council has an established approach to risk management. Key corporate risks are assessed regularly and reported to Performance and Contract Management Committee on a quarterly basis.

## **5.6 Equalities and Diversity**

5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

## **5.7 Consultation and Engagement**

5.7.1 N/A

## **5.8 Insight**

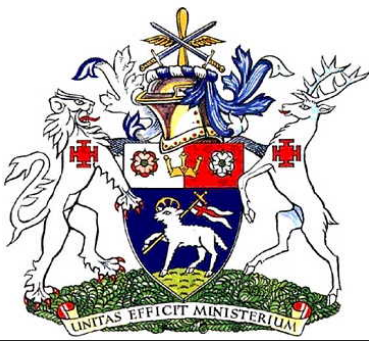
5.8.1 N/A

## **6. BACKGROUND PAPERS**

6.1 N/A

This page is intentionally left blank





**Adults and Safeguarding Committee**

**12<sup>th</sup> June 2017**

<b>Title</b>	<b>Commissioning Plan: Day Opportunities and Employment Support for Working Age Adult Social Care Service Users</b>
<b>Report of</b>	Commissioning Director Adults and Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	Yes
<b>Enclosures</b>	Appendix A – My Time My Choice Commissioning Plan Appendix B – EqIA Day Opportunities Approved Provider List
<b>Officer Contact Details</b>	Kirstie Haines, Adults Wellbeing Strategic Lead <a href="mailto:Kirstie.haines@barnet.gov.uk">Kirstie.haines@barnet.gov.uk</a> / 0208 359 2781  Caroline Glover, Commissioning Lead <a href="mailto:Caroline.glover@barnet.gov.uk">Caroline.glover@barnet.gov.uk</a>

**Summary**

The 2017/18 addendum to the 2015-2020 Adults and Safeguarding Commissioning Plan sets out that a key priority for the Council is to transform day care provision to ensure that people remain active and engaged through access to employment and volunteering.

This report asks for the Committee to note the Commissioning Plan for day opportunities and employment support for working age adult social care service users, which sets out the detail of how Barnet will work differently with the market, service users and key stakeholders to develop a sustainable approach to supporting social care service users of working age to access community based activities; to progress to greater independence and to ensure that people remain active and engaged through access to employment and volunteering.

This report also asks the Committee to note the progress that has been made so far to transform Barnet’s day care provision.

## **Recommendations**

- |  |
|--|
| <p><b>1. That the Committee notes the My Time My Choice Commissioning Plan for Day Opportunities and Employment Support for Working Age Adult Social Care Service Users.</b></p> |
| <p><b>2. That the Committee notes the progress that has been made against the My Time My Choice action plan.</b></p>   |

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

- 1.1 The 2017/18 addendum to the 2015-2020 Adults and Safeguarding Commissioning Plan set out a key priority for the Council to transform day care provision to ensure that people remain active and engaged through access to employment and volunteering.
- 1.2 The Commissioning Plan (My Time My Choice) for day opportunities and employment support for working age adult social care service users outlines how Barnet will create a sustainable approach to supporting service users to have greater choice and control of their day; to access sustainable community based activities to progress towards greater independence. The commissioning plan aims to increase the number of service users entering and retaining employment.
- 1.3 My Time My Choice (Appendix A) is needed to inform Barnet's provider market about the type of provision that Barnet wants to develop in borough.
- 1.4 My Time My Choice sets out how Barnet Council will commission services to make sure adult social care service users can participate in their local community, obtain employment and retain their job by:
- Taking steps to ensure that mainstream provision of transport, community, leisure and employment services are inclusive
  - Retaining and strengthening specialist building based support for those with complex health and social care needs
  - Commissioning new models of day provision and intensive employment support services that build on individual strengths, develop resilience, build social networks, develop life skills, support progression to employment and enable people to live well in their community
  - Establishing a consistent quality framework for all provision with a clear focus on improving outcomes for adult social care clients
- 1.5 The employment and day opportunities plan sets out the range of day opportunity and employment support services that Barnet will commission in the future to better respond to the varied needs and aspirations of working age adult social care clients:

- Employment retention services that support people who are currently in employment and need additional short-term support to enable them to retain their employment.
- Intensive Employment support services involving rapid job search and pre-vocational training. Services will support individuals and their employer to successfully settle in to employment'.
- Community Peer Networks for small groups of people who have low needs but require a short period of support to access and autonomously move into mainstream social, leisure, educational activities, employment and other opportunities in the wider community.
- Supported Day Opportunities for people with low/medium/high needs. Services will be delivered flexibly and will aim to develop individual's skills; to gain greater independence; access mainstream services and progress to employment and/or volunteering.
- Complex Day Care Services for adults with profound and multiple learning and physical and sensory disabilities that require access to on site therapeutic activities and approaches. The aim of this service is to promote and support people's wellbeing, goals and aspirations in every day community life with the view of sustaining choice and control.

1.6 In June 2016 the Adults and Safeguarding Committee agreed to enter into a contract with Your Choice (Barnet) Ltd (YCB) for five years, from the 1st February 2017 and to continue all current Your Choice Barnet services whilst increasing support to service users to develop their independent living skills and to progress to employment. YCB provides supported living services, day services and a respite support service. The enhancements to YCB day services through the new contract are in alignment with the service models set out above, as YCB now offers an employment pathway, more community activities and continues to offer services for those with more complex needs. The services set out in the commissioning plan for employment and day opportunities will offer increased choice to service users.

## **2. REASONS FOR RECOMMENDATIONS**

- 2.1 Evidence from Public Health England and the Department of Work and Pensions shows that participation in employment and engagement within the local community improve health outcomes and reduce stigma for individuals with mental health, physical disabilities and learning disabilities.
- 2.2 Therefore, day opportunities should be commissioned to help people socialise, stay well, stay active and retain or build helpful links with their local community. Until recently families with relatives with a learning disability, complex physical disabilities or a long-term mental health condition have relied on building based day centres to supply much needed help. However, these

services have not always provided the range of activities individuals, families and carers have aspired to.

- 2.3 For people with learning disabilities living with ageing carers or young adults wishing to move-on from the family home, day opportunity provision will support them to develop their independence skills, social networks and resilience, enabling them have a smoother transition, enabling them to have more choice and avoiding them unnecessarily escalating to higher dependency services.
- 2.4 Barnet Council's vision, as outlined in the Corporate Plan 2015-2020, is that Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes. By 2020, social care services for adults will be remodelled to focus more on managing demand and promoting independence, with a greater emphasis on early intervention. For social care practitioners to deliver strengths based support to clients they need easy access to a range of high quality services that can meet a diverse range of needs. The services set out in this plan will assist front line practitioners to deliver the Council's vision.
- 2.5 There are a number of statements of national government policy that My Time My Choice responds to. These are set out below.
- 2.6 Valuing People (2001) contains four fundamental principles: choice and control in all aspects of the lives of people with learning disabilities, rights, promoting independence and inclusion and citizenship. Valuing People Now (2009) focused attention on those areas of the lives of people with learning disabilities where insufficient progress had been made since 2001, namely housing, employment opportunities and health.
- 2.7 The Care Act 2014 sets out a vision for a reformed care and support system. The Act gives the council responsibility for making sure that people have more control over their care through effective care and support planning and personalisation. The Act's eligibility regulations specify that local authorities should consider how service users access employment, training and education as outcomes of their support plan.
- 2.8 The Five Year Forward View for Mental Health (2016) provides a comprehensive account of the challenges facing the provision of mental healthcare in the NHS and sets out a ten-year strategy for change based on the key themes that emerged during the Taskforce's engagement work: prevention, access, integration, quality and a positive experience of care.
- 2.9 The national Transforming Care programme is driving improvements in care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. As part of this programme, individuals will be moved out of hospital settings into community based support and there is an increased emphasis on reducing the number of people admitted to learning disability/autism hospitals. These changes mean that there is a

growing need for effective and appropriate day opportunities that can work with community accommodation providers to ensure that people can remain within their local community. Transforming Care has set out a best practice local service model, Building the Right Support (2015) which includes access to activities and services such as education, employment, social and sports/leisure and support to maintain good relationships.

- 2.10 In April 2014, the Government published an update to its 2010 National Autism Strategy: 'Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update'. The proposals contained in this report will help to make sure that the services provided to young adults and adults with Autism reflect the Autism Act and its guidance.

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

- 3.1 Not applicable

### **4. POST DECISION IMPLEMENTATION**

- 4.1 Implementation of the associated action plan will be overseen by the Adults and Health transformation programme, using the Council's project management methodology.

### **5. IMPLICATIONS OF DECISION**

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

- 5.1.1 The 2017-2018 Addendum to the 2015-2020 Adults and Safeguarding Commissioning Plan includes the following commissioning priorities:

- Developing best practice social care, focused on what people can do and how they can help themselves (i.e. strength based practice)
- Diversifying Barnet's accommodation offer to help more people live independently
- Transforming day care provision to ensure that people remain active and engaged through access to employment and volunteering
- Integrating health and social care services to prevent crisis and help individuals stay well and in their own homes
- Improving the borough's leisure facilities to support and encourage active and healthy lifestyles

- 5.1.2 My Time My Choice supports delivery of these priorities it also supports the aims of the Joint Health and Wellbeing Strategy 2015-20, 'keeping well' and 'promoting independence'.

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

- 5.2.1 The Policy and Resources Committee on 9 July 2015 tasked the Adults and Safeguarding Committee with developing proposals for savings of £18.5m between 2016 and 2020. Proposals were agreed at the Adults and

Safeguarding Committee on the 19th November 2016. In addition to the proposed savings of £18.5m, the Medium Term Financial Strategy includes £8.9m of pressure funding for adult social care. The priority focus will be reducing demand for Adult Social Care Services through the development of a range of services as an alternative to high cost provision and commissioning the most effective prevention and early intervention services.

5.2.2 Diversification of Barnet's day opportunities and employment support offer will be required to deliver these savings as these services will support the Council to better manage demand by increasing people's independence and reducing the need for high cost services.

### 5.3 **Social Value**

5.3.1 As required by the Public Services (Social Value) Act 2013, social value considerations will be taken into account in expanding extra care provision in the borough. It is anticipated that significant social value will be delivered in a number of ways, including:

- The new Day Opportunity services will enable more inclusive communities by supporting service users to access mainstream provision and to take up opportunities to volunteer in their local communities
- The Employment Support services will work with local employers to identify opportunities for them to employ a more diverse workforce

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

5.4.1 The Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Responsibility for Functions, Appendix A). The Adults and Safeguarding Committee has the following responsibilities:

- To be responsible for those powers duties and functions of the Council in relation to Adults and the Communities
- Promoting the best possible Adult Social Care services.
- To ensure that the Council's safeguarding responsibilities are taken into account.
- To consider for approval any non-statutory plan or strategy within the remit of the Committee that is not reserved to Full Council or Policy and Resources.
- Authorise procurement activity within the remit of the Committee and any acceptance of variations or extensions if within budget in accordance with the responsibilities and thresholds set out in Agreement Procedure Rules.

5.4.2 The provision of day opportunities and employment support services is in line with the duties of the Council under the Care Act 2014 in providing choice to residents, preventing or reducing needs and promoting a resident's well-being.

### 5.5 **Risk Management**

5.5.1 The Council has an established approach to risk management. Key corporate risks are assessed regularly and reported to Performance and Contract Management Committee on a quarterly basis.

## 5.6 Equalities and Diversity

5.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the Council to have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those covered by the Equalities Act and those not covered e.g. between disabled and non-disabled people; and foster good relations between these groups. The protected characteristics are age, disability; gender reassignment; pregnancy and maternity; religion or belief; sex; sexual orientation.

5.6.2 By section 149(2) of the Equality Act 2010, the duty also applies to 'a person, who is not a public authority but who exercises public functions and therefore must, in the exercise of those functions, have due regard to the general equality duty'. This means that the council, The Barnet Group LTD, Your Choice (Barnet) Limited and Barnet Homes LTD will need to have regard to their general equality duty.

5.6.3 An equalities impact assessment (EqIA) has been carried out regarding proposals for the procurement of day opportunities and employment support services (attached as appendix B). This has shown an overall that there will be an overall significant positive impact on equalities strands and there are no equalities risks associated with the proposals.

## 5.7 Consultation and Engagement

5.7.1 The original Corporate Plan and Commissioning Plans were informed by extensive consultation through the Budget and Business Planning report to Council (3 March 2015).

5.7.2 The My Time My Choice plan was shaped by engagement with social workers, service users, carers and providers through work on the 0-25 service, transformation of Your Choice Barnet Services, Early Intervention service development and from workshops. This engagement highlighted the following:

- Building based services provide a way for groups of friends to come together to do activities in a safe environment. The provision of safe spaces for friends to do activities is important
- Many mainstream services are not easy to access for learning disability or autism clients
- Day care provides respite for some carers and this respite prevents parents calling on additional health and social care resources.
- Any changes should also recognise and address carers concerns about losing services and support when individuals are moved to more community based services.
- People should be supported in to 'real jobs' not just on-going work experience.
- Employment opportunities need to reflect the varied needs, skills and strengths of individuals.

- Employers may need support to understand how to support someone with additional needs. Support should be tailored to the specific needs of the individual they are employing.
- 5.7.3 To address these issues The My Time My Choice plan sets out a plan to extend the range of activities to extend choice for service users and ensure that consistent quality standards are in place for the full range of provision. This supports the vision for person-centred care, which will promote independence and autonomy, provide choice and control and consider service users' aspirations and views.
- 5.7.4 Going forward the views of service users and their families/carers will continue to inform the shape of new services. Feedback from service users and their families will be included as the Key Performance Indicators (KPI) for employment services commissioned by the council.
- 5.8 Insight**
- 5.8.1 Population need data drawn from local and national sources was used to identify service gaps and priorities. Detailed population need summaries are provided for each of the Adult Social Care client groups within the My Time My Choice plan.

## **6. BACKGROUND PAPERS**

- 6.1 Adults and Safeguarding Commissioning Plan 2017/18, Adults and Safeguarding Committee, 6 March 2017  
<https://barnet.moderngov.co.uk/documents/s38285/Adults%20and%20Safeguarding%20Commissioning%20Plan%202017-18%20addendum.pdf>
- 6.2 Adults Safeguarding Committee ([16 June 2016, decision item 7](#)) approved the decision to enter into a contract with Your Choice (Barnet) Ltd (YCB) for five years and two months, from the 1st February 2017 to 31st March 2022. Approved the proposals to continue all current YCB services whilst increasing support to service users to move towards more independent living and to participate in the workplace
- 6.3 Annual Performance Report and the Local Account 2015/16, 13th July 2016  
<https://barnet.moderngov.co.uk/documents/s33224/Annual%20Performance%20Report%20and%20Local%20Account.pdf>
- 6.4 On 15th November 2015 the Adults and Safeguarding Committee (<https://barnet.moderngov.co.uk/documents/s27213/Delivering%20Adult%20Commissioning%20Priorities%20through%20Your%20Choice%20Barnet.pdf>) agreed that the Council should enter into a formal dialogue with The Barnet Group and YCB to challenge them to bring forward fit for purpose and value for money service proposals which achieve the reshaping of services as set out in the Adults and Safeguarding Committee Commissioning Plan.
- 6.5 Adults and Safeguarding Business Plan 2016-17 , Adults and Safeguarding Committee, 15 November 2015



<https://barnet.moderngov.co.uk/documents/s27181/Adults%20and%20Safeguarding%20Business%20Plan%202016-2017.pdf>

This page is intentionally left blank

**My Time My Choice**

**Commissioning Plan – Day Opportunities and Employment Support for Working Age Adult Social Care Service Users**

## Contents

1. Future Vision
2. Introduction
3. Scope
4. National Policy Context
5. Barnet Context
6. Barnet Council's Corporate Plan and Adults and Safeguarding Commissioning Plan
7. Why are day opportunities and employment support important for adult social care service users?
8. Engagement
  - 8.1 Social Care service users
  - 8.2 Families and Carers
  - 8.3 Providers
  - 8.4 Social Care Professionals

### Population Need Summary and Meeting Social Care Needs Through Day Opportunities and Employment Services:

9. Learning Disabilities and Autism
10. Physical and Sensory Impairment
11. Mental Health Conditions
12. New Services and Greater Choice
13. Strategic Action Plan
14. Measuring Success

## **1. The Future Day Opportunities Offer**

- 1.1 This plan sets out how Barnet Council will commission services to make sure adult social care service users can participate in their local community, obtain employment and retain their jobs.
- 1.2 To provide these services we will:
  - Commission a new model of day provision that builds on individual strengths, develops resilience, builds social networks, develops life skills and supports employment
  - Establish a consistent quality framework for all provision with a clear focus on improving outcomes for adult social care service users
  - Work with the care market to develop a range of day opportunity provision and intensive employment support services that will enable people to live well in their local community
  - Work in partnership with service users, providers, families and carers
  - Take steps to ensure that mainstream provision of transport, community, leisure and employment services are inclusive
  - Retain and strengthen specialist building based support for those with complex health & social care needs.

## **2. Introduction**

- 2.1 This plan outlines how we will create a sustainable approach to supporting working age adult social care service users to have greater choice and control of their day; to access sustainable community based activities; to progress towards greater independence and to increase the number of adult social care service users entering and retaining employment.
- 2.2 This plan includes detail of the new models of day opportunity and employment support services that the council will work with partners, including providers, to develop and commission.

### 3. Scope

3.1 The adult social care client groups covered by this commissioning plan are:

- Learning disabilities (aged 18-65<sup>1</sup> years)
- Autism spectrum conditions (aged 18-65 years)
- Physical disabilities and sensory impairment (aged 18-65 years)
- Mental health (aged 18-65 years).

### 4. National Policy Context

4.1 Evidence from Public Health England and the Department of Work and Pensions shows that participation in employment and engagement with the local community improve health outcomes and reduce stigma for individuals with mental health, physical disabilities and learning disabilities. Research by the National Development Team for Inclusion (NDTi) identifies that ‘place and train’ employment support models are the most effective models at delivering employment outcomes<sup>2</sup>.

Improving Lives: The Work, Health and Disability Green Paper (2016)<sup>3</sup> encourages action and innovation by employers and an understanding of what works with a view to longer-term reform.

4.2 Transforming Care is driving improvements in care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. As part of this programme, individuals will be moved out of hospital settings into community based support and there is an increased emphasis on reducing the number of people admitted to learning disability/autism hospitals. These changes mean that there is a growing need for effective and appropriate day opportunities that can work with community accommodation providers to ensure that people can remain within their local community. In Building the Right Support<sup>4</sup> the model for local services says that people should be supported to have a good and meaningful life – through access to activities and services such as education, employment, social and sports/leisure and support to maintain good relationships.

<sup>1</sup> The upper age range of these services will change in-line with any national changes to the state pension age

<sup>2</sup> [https://www.ndti.org.uk/uploads/files/The\\_cost\\_effectiveness\\_of\\_Employment\\_Support\\_for\\_People\\_with\\_Disabilities%2C\\_NDTi%2C\\_March\\_2014\\_final.pdf](https://www.ndti.org.uk/uploads/files/The_cost_effectiveness_of_Employment_Support_for_People_with_Disabilities%2C_NDTi%2C_March_2014_final.pdf)

<sup>3</sup> <https://www.gov.uk/government/consultations/work-health-and-disability-improving-lives>

<sup>4</sup> [National Plan to develop community services and close inpatient facilities for people with a learning disability and / or autism who display behaviour that challenges, including those with a mental health condition October 2015](#) (NHSE, ADASS, LGA)

- 4.3 The Social Care Institute for Excellence (SCIE) published a 'knowledge review' of community based day activities (Having a Good Day? 2007). The review of policy and practice highlighted: work; education; training; volunteering; participating in leisure; arts; hobbies and socialising as essential elements of successful day opportunity services. It goes on to say irrespective of the support people need activities need to;
- Have a purpose
  - Be undertaken in ordinary places, doing things members of the community would do
  - Ensure friendships, connections and a sense of belonging develops in the process.
- 4.4 The review identified progress made where services have moved away from large segregated day opportunity services into smaller integrated community based provision but very few people with a learning disability had moved into paid employment.
- 4.5 The Care Act 2014 sets out a vision for a reformed care and support system. The Act gives the council responsibility for making sure that people have more control over their care through effective care and support planning and personalisation. The Act's eligibility regulations specify that local authorities should consider how service users access employment, training and education as outcomes of their support plan.
- 4.6 The Five Year Forward Plan for Mental Health (2016) provides a comprehensive account of the challenges facing the provision of mental healthcare in the NHS and sets out a ten-year strategy for change based on the key themes that emerged during the Taskforce's engagement work: prevention, access, integration, quality and a positive experience of care.
- 4.7 Valuing People (2001) contains four fundamental principles: choice and control in all aspects of the lives of people with learning disabilities, rights, promoting independence and inclusion and citizenship. Valuing People Now (2009) focused attention on those areas of the lives of people with learning disabilities where insufficient progress had been made since 2001, namely housing, employment opportunities and health.
- 4.8 In April 2014, the Government published an update to its 2010 National Autism Strategy: 'Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update'. The proposals contained in this report will help to make sure that the services provided to young adults and adults with Autism reflect the Autism Act and its guidance and other relevant national policy and best practice.

## 5. **Barnet Context**

- 5.1 Barnet Council currently manages the placement of over 230 working age adults in receipt of day care services as part of their support package to meet their eligible needs. The current annual cost of day services for working age adults in Barnet totals £4.8m (£4.5m for people with learning disabilities and £272k for people with physical and sensory impairment).
- 5.2 In-line with best practice, funding for day care provision in Barnet is individualised (i.e. funding is attached to the individual, rather than a block contract), which enables individuals to have greater choice and flexibility in how their needs are met. However, we have learnt from individuals, carers and providers that the current range of services are not flexible enough to meet the aspirations of individuals. At present, health and social care purchase day services separately but going forward we will seek to establish a joint approach.
- 5.3 Complex day-care, day opportunity and employment support providers operate within the borough and services are purchased for individuals across North Central London, North West London and Hertfordshire. Initial discussions with providers have indicated there is capacity to expand or change the range of services offered but that capacity for building based complex day-care provision for individuals with profound and multiple learning and physical disabilities is more limited. Providers have indicated that they are considering new types of service provision to respond to gaps in the market.

## 6. **Barnet Council's Corporate Plan and Adults and Safeguarding Commissioning Plan**

- 6.1 Barnet Council's vision, as outlined in the Corporate Plan 2015-2020, is that health and social care services will be personalised and integrated, with more people supported to live longer in their own homes.
- 6.2 By 2020, social care services for adults will be remodelled to focus more on managing demand and promoting independence, with a greater emphasis on early intervention. This approach will:
- Enable more people to stay independent and live for longer in their own home
  - Allow young people with complex disabilities to stay in Barnet, where they grew up, and live in their own homes, with education and training opportunities helping them to grow more independent



- Ensure people with mental health needs receive support in the community to help them stay well.

6.3 The 2017-2018 Addendum to the 2015-2020 Adults and Safeguarding Commissioning Plan includes the following commissioning priorities:

- Developing best practice social care, focused on what people can do and how they can help themselves (i.e. strength based practice)
- Diversifying Barnet’s accommodation offer to help more people live independently
- Transforming day care provision to ensure that people remain active and engaged through access to employment and volunteering
- Integrating health and social care services to prevent crisis and help individuals stay well and in their own homes
- Improving the borough’s leisure facilities to support and encourage active and healthy lifestyles

6.4 This commissioning plan (My Time My Choice) provides details of the range of services we will commission in the future to address these gaps, the role of local communities in ensuring that everyone can participate and how local employers can contribute towards improving employment outcomes for adult social care clients.

**7. Why are Day Opportunities and Employment Services Important for Social Care service users?**

7.1 Day opportunities can help people socialise, stay well, stay active and retain or build helpful links with their local community. Until recently families with relatives with a learning disability, complex physical disabilities or a long-term mental health condition have relied on building based day centres to supply much needed help. However, these services have not always provided the range of activities individuals, families and carers have aspired for. Some of the benefits of a new and extended range of day services are provided in the sections below.

7.2 Day opportunity services can reduce social isolation, through supporting people to access the community and by developing their social networks. Leading a well-connected life has a significant positive impact on a person’s health and life expectancy. Research shows that lacking social connections can be as detrimental as smoking 15 cigarettes a day (Holt-Lunstad, 2010) and that having social networks and friendships can help people to recover and regain their independence when they fall ill (Marmot, 2010).

- 7.3 Day opportunity provision can support people to develop their aspirations around employment. This is particularly important for those adults with learning disabilities who may have grown-up during a period where expectations of people with learning disabilities were far lower than they are today. Research shows that the motivation of the employee to want to work is a critical factor to ensuring that they successfully enter and sustain employment. For individuals who do not aspire to employment or believe that this is not a realistic goal for them, day opportunities may raise their aspirations, developing their skills and giving them opportunities to meet with peers already in employment and providing them with further information and advice.
- 7.4 For people with learning disabilities, living with ageing carers or young adults ready to move on from the family home, day opportunity provision will enable them to develop their resilience and lead to a smooth transition from the family home, enabling them to have more choice and avoiding them unnecessarily escalating to higher dependency services.
- 7.5 By providing people with the skills to develop their independence, supporting people to develop their local social and support networks to maintain and improve their physical and mental wellbeing, day opportunity provision can reduce the need for on-going or increased social care support. For people with more complex needs day opportunities can support them to remain in the community and avoid them escalating to acute services (e.g. hospital).
- 7.6 Carers will benefit from individuals taking part in day opportunities and developing their independence and social networks, as this will enable them to have more time to lead a fulfilling life outside their caring role.

## 8. Engagement

8.1 New services should be designed and implemented in partnership with service users, providers, families and carers and social care professionals. The following section provides details of the outcomes of engagement with these groups in the development of a new day opportunities and employment offer or as part of wider engagement on the future of adult social care services.

### 8.2 Social Care service users

8.2.1 Services should assist service users to meet their aspirations. Feedback from service users include:

- The need for more flexible services available at weekends, evenings and during the day
- More support that allows them to do activities with friends
- The need for a service that helps people keep their jobs alongside increased recognition by health and social care professionals of the importance of helping someone to keep their job
- Recognition that change can feel uncomfortable and everyone needs to make sure that service users and carers are kept involved in developments
- Wanting to spend time with people of a similar age was important to younger service users and carers
- Access to short-term and one-off services to help individuals manage risk and gain independence were also identified as a gap in current services
- Wanting to be empowered to be able to lead the discussion themselves about how employers can best support them to be a successful and a valued employee
- For mental health clients, it was also felt that services in addition to those offered by Department for Work and Pensions (DWP) would be helpful, particularly as the services provided by DWP were not linked enough to an individual's health and social care needs.

8.2.2 In taking forward an innovative approach to day opportunities we will need to ensure that these elements are designed into the day opportunities offer. As the plan is developed and implemented we will continue to work with service users and to regularly collect feedback and ideas.

**8.3 Families and Carers**

8.3.1 Person-centred care promotes independence and autonomy and provides choice and control. It considers service users' aspirations and views and builds relationships with family members. In building an innovative approach to day opportunities we will draw on the knowledge and experience of carers and families and look to address concerns. Engagement through work on the 0-25 service, transformation of Your Choice Barnet Services, Early Intervention service development and feedback to providers has highlighted the following:

- Building based services provide a way for groups of friends to come together to do activities in a safe environment and the provision of safe spaces for friends to do activities is important
- Many mainstream services are not easy to access for learning disability or autism clients
- Day care provides respite for some carers and this respite prevents parents calling on additional health and social care resources

- Any changes should also recognise and address carers concerns about losing services and support when individuals are moved to more community based services
- People should be supported in to 'real jobs' not just on-going work experience
- Employment opportunities need to reflect the varied needs, skills and strengths of individuals
- Employers may need support to understand how to support someone with additional needs (this should be tailored to the specific needs of the individual they are employing)

8.3.2 Putting in place an extended range of activities which extend the choice of service users and ensure that consistent quality standards are in place for the full range of provision will help to address these concerns. It is also important that further work is undertaken with families and carers, from an early age, to consider the range of day opportunities and design new services where gaps are identified.

#### **8.4 Providers**

8.4.1 Barnet Council has been working with day care and supported living providers over the last twelve months to find out about what they can offer and develop new models of care. In 2016, the council commissioned the National Development Team for Inclusion (NDTI) to work with local day care providers to find out more about their approach to supported employment opportunities. This work revealed that providers are keen to offer different services and recognise the importance of employment. NDTI made a number of recommendations:

- The council should set out its expectations of providers to ensure that providers are ambitious for clients
- Providers' aspirations for clients need to be higher and should move away from classifying individuals as too complex or too challenging to be in employment
- Providers need to be able to engage positively and effectively with employers
- Commissioning should concentrate on models of care and employment support that will promote independence and use service models where there is evidence of positive impacts
- Families and individuals get a lot of their information about day care from current providers, the council should make sure that individuals understand the full range of services available
- Providers should start to develop new models of support that ensure that individuals are visible members of their local community. Closed employment settings prevent the normalisation of employment for all groups.

#### **8.5 Social Care Practitioners**

8.5.1 For social care practitioners to deliver strengths based support to clients they need easy access to range of high quality services that can meet a diverse range of needs. Practitioners provided the following feedback on the current offer:

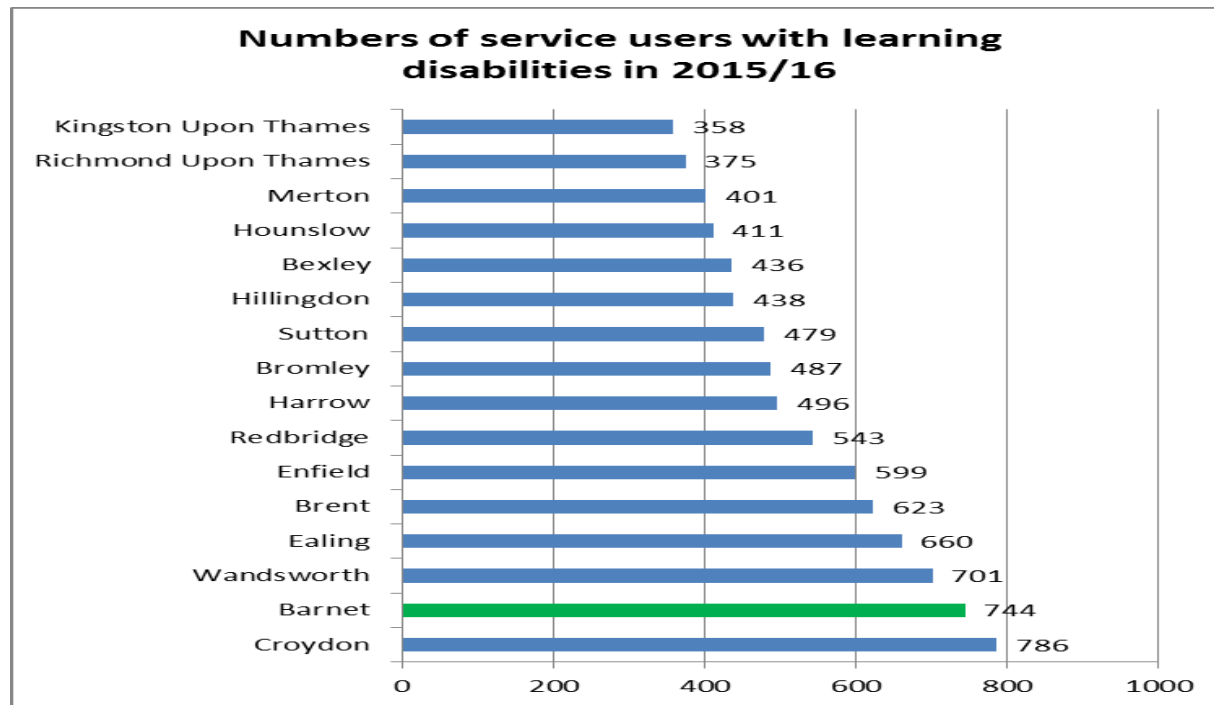
- Lack of consistent pricing and quality amongst the current range of services
- Some community services for learning disabilities do not accept adult social care clients because their needs are too high
- Access to community services could be easier to prevent delays
- Specialised services for complex care need to have access to appropriately qualified specialists including occupational health services
- Young clients are looking for activities to do together outside of formal care packages but these can be hard to find
- More autism and learning disability friendly mainstream services are required.

## 9. Learning Disabilities and Autism

### Population Need Summary

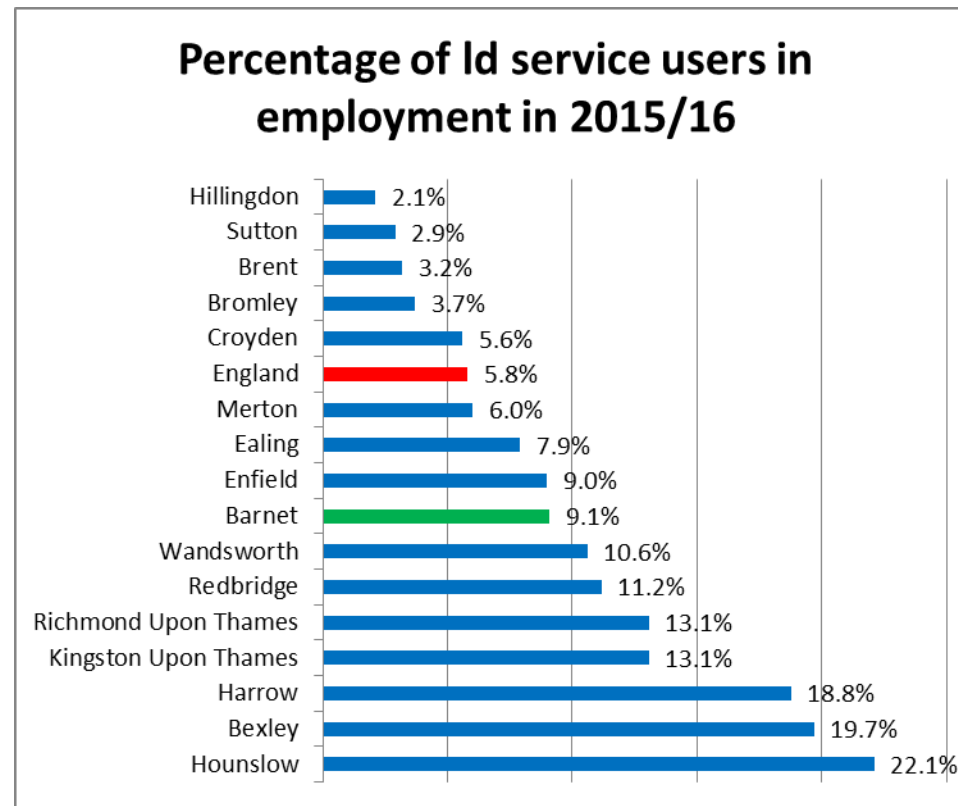
- The proportion of people with learning disabilities (PWLD) in Barnet is under 0.5% of the overall Barnet population; however over 11% of Adult Social Care service users are PWLD
- Overall the number of social care service users with PWLD has remained relatively stable during the period 2011-2015 but the profile has changed, with increasing numbers of individuals with complex needs living in the community with social care support rather than in institutional settings
- It is expected that there will be an increasing number of PWLD adult social care clients. A 14% growth in the number of residents with moderate to severe learning disabilities is projected over the next decade. Nationally it is identified that a high proportion PWLD live at home with parents and carers and it is estimated that 3.2% of PWLD live with parents aged 70 or over

- Comparative data shows that Barnet has a high number of working age service users who received long-term support with a primary support reason of learning disability support. The chart below shows the figures for 2015/16:



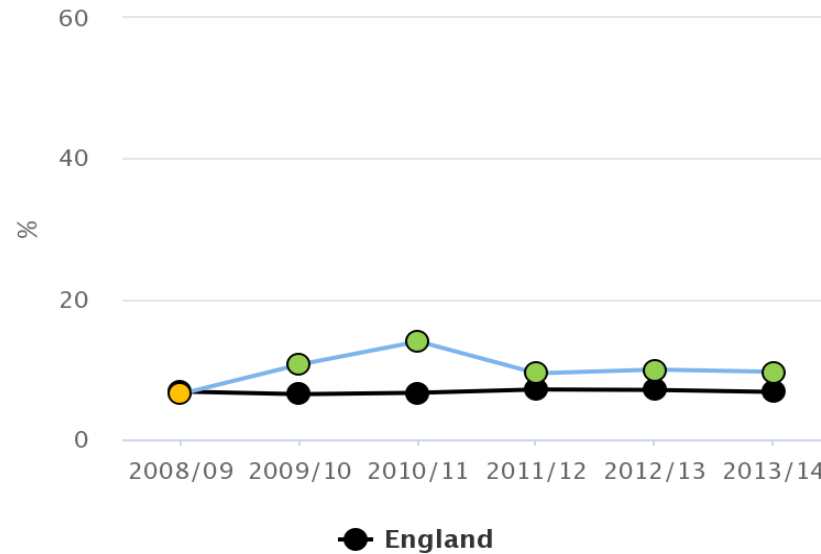
Source: NHS Digital

- Employment rates for Adults with learning Disabilities in contact with Adult Social Care are low at a national and local level. The chart below shows the percentage of Learning Disabilities Social Care service users known to the Learning Disability services in employment for Barnet, England and Barnet’s CIPFA neighbours in 2015-2016:



Source: NHS Digital

- The chart below shows that Barnet is currently mirroring the national line for employment rates for adult social care clients in employment:



Source: PHOF<sup>5</sup>

- Autism is neither a learning disability nor a mental health problem, although mental health problems can be more common among people with autism and it is estimated that one in three of adults with a learning disability also have autism<sup>6</sup>.
- Nationally, approximately 1% of the adult population have an Autistic Spectrum Condition (ASC) which equates to about 2,600 people in Barnet

<sup>5</sup> <https://fingertips.phe.org.uk/profile/adultsocialcare/data#page/4/gid/1000101/pat/6/par/nn-1-E09000003/ati/102/are/E09000003/iid/455/age/183/sex/4/nn/nn-1-E09000003>

<sup>6</sup> Emerson and Baines (2010)



- In 2015/16, there were 321 Adult Social Care service users in Barnet who were recorded as having autism (although this was not always their primary reason for accessing social care services).<sup>7</sup>

### **Meeting Social Care Needs Through Day Opportunities and Employment Services**

- Day opportunities and employment support should be available during the day, at weekends and in the evenings
- A range of day and employment opportunities should be established that provide reassurance to carers and allow individuals to progress through services towards a visible role, often employment, in their local community
- Services should be located within the local community and it is expected that only a small part of these services will be provided in a traditional day care service building
- For the people living with older carers, a new day opportunities offer should include services that help individuals develop skills and support networks in their local community. This should include the skills to manage any risky behaviours they may have and provide preparation for a time when they may no longer be able to live with their parents. Access to high quality provision that helps develop life skills, employment support and friendship networks should increase individual's resilience during periods of change
- For younger people, there needs to be a choice of services providing some preparation for living more independently and that aid the transition into adult services
- Helping individuals form local networks and access local services will need to form part of the future day offer
- 'Place and train' intensive employment support services will be commissioned from providers who have specialist skills in supporting people with learning disabilities in to sustainable employment
- Retaining employment will have increased importance in care planning. A new employment retention service will be provided that can support individuals to retain their job in a period of change or when there is a risk that they could lose their job
- PWLD should be able to access the range of community activities and services that much of the population already have easy access to such as leisure centres, gyms, cinemas and public transport. We will work with partners and businesses to secure commitments to become learning disability friendly environments. For some individuals, with additional support needs, a personal assistant or an additional day opportunities

---

<sup>7</sup> Autism Self-Assessment Framework 2016

- service will make sure that they can get the most from accessing these services. Where appropriate service users should have strength-based, person-centred plans that address their independent travel needs
- Some individuals with complex social and health needs living in the community with their families or in supported living will need access to high quality therapeutic environments. These environments will include access to skilled professionals (for example therapists, occupational health, aqua therapists) that can provide an elevated level of support to support their physical and mental wellbeing and avoid them escalating to higher dependency services (e.g. hospital or residential care). For this group, there will also be a need to make sure that individuals have opportunities to participate in everyday activities and, therefore, a greater mix between building based services and support within the community will be required to meet needs.

## 10. Physical and Sensory Impairment

### Population Needs Summary

- Physical and sensory impairment is a broad term for a diverse range of needs. The care and support needs for this service user group can vary widely. The table below shows the estimated numbers of people with a disability /impairment in Barnet in 2015.

<b>Disability /Impairment</b>	<b>No</b>
Aged 18 - 64 predicted to have a physical disability (moderate to severe)	<b>22,353</b>
Aged 18-64 predicted to have a disabling visual impairment	<b>155</b>
Aged 18-64 predicted to have a disabling hearing impairment	<b>8,136</b>

Source: PANSI 2015<sup>8</sup>

- Limited numbers of individuals with only a physical or sensory need access day centre services. However, this group is still under-represented in employment. For example, individuals aged 18-65 who have had a stroke are most likely to require additional adult social care need and fall out of employment. Around 25% of strokes occur in people under 65 years of age.

<sup>8</sup> Projecting Adult Social Needs and Services Information (PANSI) <http://www.pansi.org.uk/>

### Meeting Social Care Needs Through Day Opportunities and Employment Services

- Stroke rehabilitation pathways will include support to return to employment and intensive employment support to help individuals enter employment
- Health and social care professionals will use assessments and reviews to open a conversation about employment and support needs with clients. Referrals directly into specialist retention and employment support services will become a part of standard practice in health and social care settings
- Social care clients will be able to draw on additional specialist support from adult social care, while also receiving support from Job Centre Plus
- Some individuals with profound and multiple complex social and health needs will need access to high quality therapeutic environments and specialist employment support. Person centred planning will be used to ensure that individuals get an appropriate balance between these two service types.

## 11. Mental Health Conditions

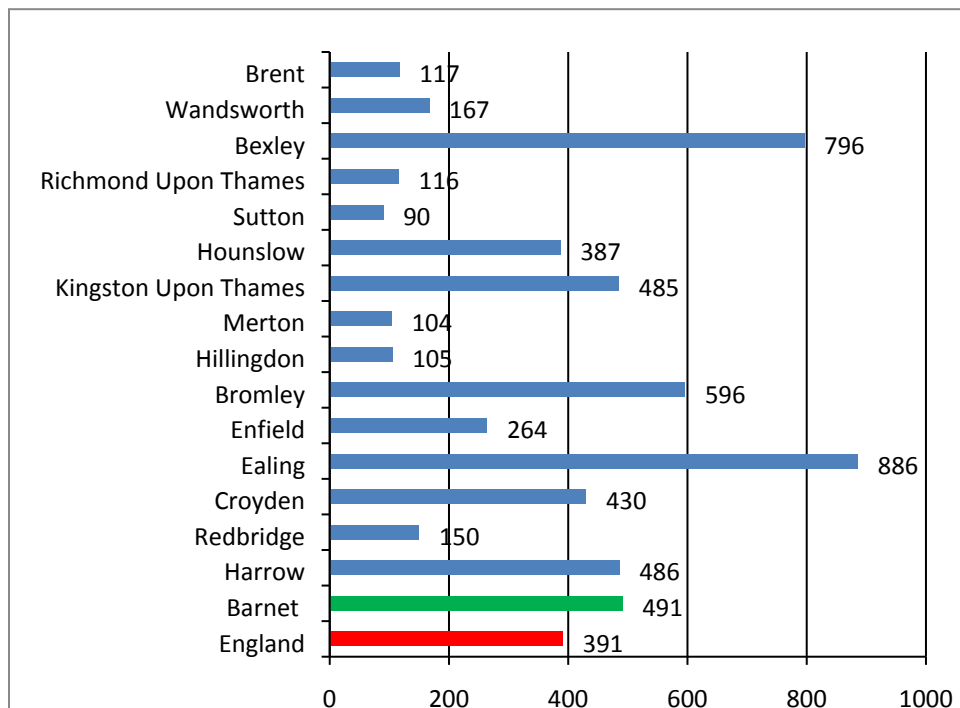
### Population Needs Summary

- In 2015, 56,333 people aged 18–64 in Barnet were estimated to have a mental health problem. The number of people with mental health conditions is predicted to increase as the population grows.

	2015	2016	2017	2018
<b>People aged 18-64 predicted to have a common mental disorder</b>	38,542	39,061	39,572	40,046
<b>People aged 18-64 predicted to have a borderline personality disorder</b>	1,079	1,093	1,107	1,120
<b>People aged 18-64 predicted to have an antisocial personality disorder</b>	828	842	856	869
<b>People aged 18-64 predicted to have psychotic disorder</b>	958	971	983	995
<b>People aged 18-64 predicted to have two or more psychiatric disorders</b>	17,196	17,438	17,680	17,901

Source: PANSI 2015

- Comparative data from 2013-2014 shows that Barnet has a higher number of adults with a mental health condition supported by Adult Social Care per 100,000 population than the England average. The chart below shows Barnet's comparative position in 2013-2014.



Source: Health and Social Care Information Centre (RAP P1)

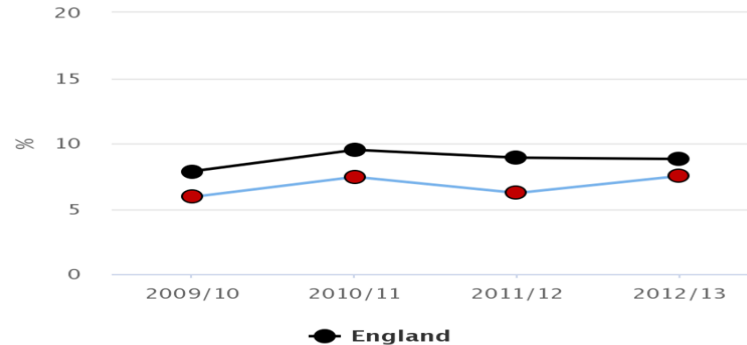
- Retaining employment or securing a job is a key part of recovery for adults with mental health conditions.<sup>9</sup> However, employment rates for individuals with mental health conditions have remained low in England.

Source: NHS Digital

<sup>9</sup>Inequality and mental disorders: opportunities for action Campion , Bhugra , Bailey , Marmot ( 2013;

- The chart below shows that Barnet has mirrored national trends in employment rates for adults in contact with mental health services. It should be noted that this is a larger group of service users than those who use adult social care services alone. This indicator is used because there is not a national comparative indicator for mental health adult social care users and employment.

Adults in contact with mental health services in employment – Barnet



Source: PHOF<sup>10</sup>

### Meeting Social Care Needs Through Day Opportunities and Employment Services

- In Barnet, the appropriate infrastructure will be in place to ensure that individuals' who experience mental ill health and those at risk, are able to access the right support at the right time to enable them to retain or enter employment
- All organisations and professionals supporting people with mental health conditions will understand the benefit of good employment on mental health and will understand their role in supporting individuals to maintain or enter employment
- Individuals that require support from Barnet adult social care mental health services will be supported through interventions that are strength based, person centred and recovery focused. People who meet the eligibility criteria for social care services will first be offered an enablement programme. This approach will

<sup>10</sup> <https://fingertips.phe.org.uk/profile/adultsocialcare/data#page/4/gid/1000101/pat/6/par/nn-1-E09000003/ati/102/are/E09000003/iid/1733/age/208/sex/4/nn/nn-1-E09000003>

- consider the impact that family relationships, employment, housing; income and community isolation can have on an individual's mental wellbeing
- People in receipt of social care who need additional support to retain or enter employment will be able to access a period of intensive employment support

## **12. New Services and Greater Choice**

- 12.1 London Borough of (LB) Barnet will work with providers to commission a range of new services and to extend the number of providers available to Barnet's social care clients. The intention is to significantly extend the choice of services available.

Intensive Employment Support - 'Workplace Retention'. For adults with learning disabilities, physical and sensory disabilities, mental health conditions and/or autistic spectrum conditions. Flexible short-term employment support for people, who are currently in employment and need additional support to enable them to retain their employment.

Intensive Employment Support - 'Place and Train'. For adults with learning disabilities, physical and sensory disabilities and/or autistic spectrum conditions. Intensive evidence-based employment support to enable people to enter employment.

Intensive Employment Support – Mental Health. For adults with mental health conditions and/or autistic spectrum conditions. Intensive employment support to enable people with mental health conditions and autistic spectrum conditions to enter employment.

Community Peer Support Networks (Low Needs). For adults with learning disabilities, physical and sensory disabilities and/or autistic spectrum conditions. This service will support small groups of people (Community Peer Networks) to access and autonomously move into mainstream social, leisure, educational activities, employment and other opportunities in the wider community. Support from this service will reduce over time as the service users' individual strengths are developed, their local networks built and the group are able to take initiative and provide peer support to one another.

Supported Day Opportunities – Low/Medium/High Needs. For adults with learning disabilities, physical and sensory disabilities and/or autistic spectrum conditions. This service will support people to access and autonomously move into mainstream social, leisure, educational activities, employment and other opportunities in the wider community. Support from this service will reduce over time as the service users' individual strengths are developed and their local network built.

Complex Needs Day Care. For adults with profound and multiple learning and physical and sensory disabilities. The aim of this service is to promote and support people's wellbeing, goals and aspirations in every day community life with the view of sustaining choice, control, and independence. The service will support individuals to improve or maintain their current level of independence whilst maintaining social friendships, peer group support and social networks

### 13. High Level Action Plan

Description of Actions
<b>Cross- Cutting</b>
Promote people’s aspirations to consider work as an achievable option for all social care clients
Put services in place to assist working age social care clients to retain employment.
Set clear, out-come focused, quality standards for: complex day care, day opportunities, employment support and retention services for working age adult social care service users.
<b>Learning Disabilities and Autism</b>
Establish a more flexible range of day opportunities through greater use of community facilities and mainstream services
Work with leisure providers to ensure they consider and are able to meet the needs of the learning disabled population.
Work with health commissioners to establish health and social care integrated referral process to maximise use of day opportunity provision in order to better meet the needs of individuals with continuing health needs.
Redesign current Your Choice Barnet day care services to increase independence and employment outcomes for current service users.
Commission new short-term day opportunities services that promote independence and progression to employment for clients at transition points in their lives – for example moving out of the family home.
Commission a specialist place and train employment support service for adult social care referrals
<b>Mental Health</b>
Work with health commissioners to establish health and social care integrated referral to the Mental Health Intensive Employment support lots and the employment retention lot to meet the needs of individual receiving secondary mental health services.
Establish social care baseline figures for individuals known to the mental health social care team in employment (NB – the ASCOF mental health figure is only for individuals known to secondary mental health services on Care Programme Approach)



<b>Description of Actions</b>
Commission specialist mental health employment support services for adult social care referrals
Ensure that mental health employment support is aligned to the transformation of Mental Health Social Care Service.
<b>Physical and Sensory Disabilities</b>
Ensure that the recommissioning of stroke services includes vocational rehabilitation and support using the evidence of what works
Commission specialist place and train employment support services that social care professionals can refer directly into.

**14. Measuring Success**

<b>Indicator</b>
% of LD clients in contact with Adult Social Care who are in a minimum of two hours of employment a week at time of their last review
% of Mental Health clients in contact with Adult Social Care who are in a minimum of two hours of employment a week at the time of their last review
% of clients in contact with Workplace Retention Service that retain their employment status for six months following contact (provider collected)
% of clients age 18-25 in employment for a minimum of two hours a week.
Number of young people making the transition from residential school to day opportunities (with accommodation and support or living in the family home). Provider collected
% of people in receipt of day opportunity services who report they have been able to exercise choice and be in control of their life
% of people in receipt of day opportunity services who report they have an opportunity to be an active member of their community
% of people in receipt of day opportunity services who report they have been able to maintain and/or develop their friendship groups
% of carers of service users in receipt of day opportunity services who believe that the service is supporting the individual to meet their personal outcomes/aspirations
% of people in receipt of day opportunity services who have positively moved towards their Support Plan outcomes

<b>Indicator</b>
% of service users in receipt of day opportunities who have received travel training and are now able to access the service independently (where the need was identified)
Number of people in receipt of complex day care services who are subject to a community 'blue light' or care and treatment review

## Equality Analysis (EqIA) Questionnaire

Please refer to the guidance before completing this form.

<b>1. Details of function, policy, procedure or service:</b>	
Title of what is being assessed: Day Opportunity and Employment Services - Approved Provider List for Adult Social Care Clients	
Redeveloped Services	
Department and Section: Adult Social Care	
Date assessment completed: February 2017	
<b>2. Names and roles of officers completing this assessment:</b>	
Lead officer	Caroline Glover, Workforce Inclusion Commissioning Lead Frank Grimsey Jones, Wellbeing Officer

**3. How are the equality strands affected?** *Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.*

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><b>Positive impact</b></p> <p>The support lots available through the Day Opportunities and Employment Support Service Approved Provider list will be available for working age adult social care clients (i.e. aged 18-65 years).</p> <p>By purchasing services through an Approved Provider List, service users will have access to a greater choice of providers.</p> <p><u>Young adults</u></p> <p>Feedback from young adults and their families have identified that younger adults would like to be able to do activities and develop networks with</p>	<p>This will be a positive change.</p> <p>Individual discussions will be had with service users to agree their person centred support plans. These will help to</p>

		<p>people of a similar age. Person-centred services will enable younger adults to better tailor their support to meet their specific needs.</p> <p>Young adults (aged 18-25 years) who may have either low needs or very complex needs will benefit from having a menu of person centred options to support them to progress to greater independence by: developing their skills and confidence; supporting them to access education and employment; developing their social networks and supporting them to be an active part of their local community.</p>	<p>identify service provision going forward</p>
<p>2. Disability</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Positive impact</b></p> <p><u>Learning disabilities</u></p> <p>People with learning disabilities will benefit from having a range of person centred options that will enable them to have greater choice about how they spend their day. They will benefit from there being a wider pool of providers that have the skills and knowledge to enable them to increase their independence, support them to have an active role in the community, support them to access training and volunteering opportunities and to gain and retain employment.</p> <p>People with learning disabilities will benefit from having employment support providers who are experienced at working closely with employers to identify sustainable employment opportunities.</p> <p>People with profound and multiple learning and physical disabilities (PMLD) who also have additional complex needs will benefit from having specialist skilled support to support their physical and emotional wellbeing, to give them greater choice in how they spend their day, enabling them to access the community. They will benefit from being supported by providers who are experienced in using assistive technology and sensory programmes to improve outcomes for people with complex needs.</p> <p><u>Autism</u></p> <p>People with autism will benefit from having</p>	<p>This will be a positive change.</p> <p>Individual discussions will be had with service users to agree their person centred support plans. These will help to identify service provision going forward</p>

		<p>providers that have the skills and knowledge to enable them to increase their independence, support them to have an active role in the community and to gain employment, training or volunteering opportunities.</p> <p><u>Physical disability and sensory impairment</u></p> <p>People with physical disabilities and will benefit from having providers that have the skills and knowledge to enable them to increase their independence, support their physical and emotional wellbeing, support them to remain well and to have an active role in the community and to gain employment, training or volunteering opportunities.</p> <p><u>Mental health</u></p> <p>Adults with severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of unemployment, social isolation, poorer physical health and insecure housing arrangement.</p> <p>Retaining employment, securing a job, managing debt and having a secure home are key parts of recovery for adults with mental health conditions.<sup>1</sup> However, employment rates for individuals with mental health</p> <p>People with mental health_conditions who require a period of additional support beyond the mainstream offer and the enablement offer provided by the mental health social care teams, will benefit from having access to intensive employment support services that can respond to people’s individual needs and supported them to gain or retain employment.</p> <p><b>Data</b></p> <p><u>Learning Disabilities</u></p> <p>The proportion of people with learning disabilities (PWLD) is under 0.5% of the overall Barnet population. Over 11% of Adult Social Care service users are PWLD.</p>	
--	--	--	--

<sup>1</sup>Inequality and mental disorders: opportunities for action Champion , Bhugra , Bailey , Marmot ( 2013);

		<p>Overall the number and proportion of service users with PWLD has remained relatively stable during the period, however this current trend is not expected to continue in the future. A 14% growth in the number of residents with moderate to severe learning disabilities is projected over the next decade.</p> <p>In March 2017 9.6% of adults known to Barnet Social Care with learning disabilities were in paid employment (ASCOF). However national research identifies that 65% of people with learning disabilities would like a paid job<sup>2</sup>. Therefore adult social care clients with learning disabilities are likely to positively benefit from having access to evidence-based intensive employment support services and day opportunities services that are focused on progressing their independence, developing their skills and progressing them to employment.</p> <p><u>Autism</u></p> <p>Approximately 1% of the adult population have an Autistic Spectrum Conditions (ASC) which equates to about 2,600 people in Barnet. In 2015/16, autism was recorded as a care need for 321 social care service users.</p> <p><u>Physical and sensory impairment</u></p> <p>Over 50% of Adult Social Care service users have a physical or learning disability, and for people aged 65 and over this rate is significantly higher. Source: SWIFT – Adult Social Care Database</p> <p>Currently there are only limited numbers of individuals with only a physical or sensory need accessing day centre services. However, this group is still under-represented in employment and individuals aged 18-65 who have had a stroke are most likely to require additional adult social care need and fall out of employment. Around 25% of strokes occur in people under 65 years of age. A number of studies have demonstrated the positive relation between returning to work and sustained recovery but the same studies have shown that rates can be less</p>	
--	--	---	--

<sup>2</sup> Adults with Learning Difficulties in England 2003/4m, Eric Emerson (2005)

		<p>than 10% of stroke survivors were able to return to their employment<sup>3</sup>.</p> <p><u>Mental health conditions</u></p> <p>In 2015, 56,333 people aged 18–64 in Barnet were estimated to have a mental health problem.</p> <p>In March 2017 7.6% of adults with mental health needs in touch with secondary mental health services and on the Care Programme Approach were in paid employment.</p>	
3. Gender reassignment	Unknown	No available data	N/A
4. Pregnancy and maternity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	There are no direct impacts in relation to pregnancy or maternity in the proposal.	N/A
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Person centred support plans will enable service users to specify any specific support requirements they need to enable them to meet cultural needs.</p> <p>Having an Approved Provider List will give service users access to a greater range of providers who will have a range of varied specialisms and expertise to meet the specific needs of different service users.</p> <p><u>Data</u></p> <p>Compared to the Outer London average, Barnet has a higher proportion of people within the White ethnic group; 57.8% and 61.3% respectively. Barnet also has higher rates of the population within Other; Other Asian and Chinese ethnic groups.</p> <p>However, certain areas within the Borough have a higher proportional Black, Asian and Minority population than the Borough average. Based on the 2011 Census, Colindale, Burnt Oak and West Hendon all have populations where Black, Asian and Minority residents make up over</p>	N/A

<sup>3</sup> Returning to Work After A Stroke: A Review Wolfenden, Grace (2009), A Nationwide Prospective Cohort Study on Return to Gainful Occupation After Stroke in Denmark 1996-2006 Hannerz, Pedersen, Poulsen, Humle, Andersen (2011), Returning to work after stroke: perspectives of employer stakeholders, a qualitative study. Coole, Radford, Grant, Terry (2013)

		<p>half of the population; this is significantly above the Borough wide average of 39%. By age, the highest proportion of the population from White ethnic backgrounds are found in the 90 and over age group (93.3%); whereas the highest proportion of people from Black, Asian and Minority Ethnic groups are found in the 0-4 age group (55.4%).</p> <p>The table contains the projected population growth by ethnicity for the period 2015-2021 and 2015-2030. Barnet's population is projected to become increasingly diverse as the White British population is projected to decrease in proportion to the total population (from 61.3% in 2015 to 58.4% in 2021 and 56.4% in 2030).</p> <p>All Black, Asian and Minority Ethnic groups are projected to increase in number during the period 2015 to 2030. Although over this period the proportion of individuals from Indian ethnic groups will reduce from 7.5% of the total population to 7.1%.</p> <table border="1" data-bbox="544 1048 1262 1630"> <thead> <tr> <th>Ethnic Group</th> <th>2015</th> <th>2030</th> <th>Ethnic Composition in 2015</th> <th>Ethnic Composition in 2030</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>225,193</td> <td>235,457</td> <td>61.3%</td> <td>56.4%</td> </tr> <tr> <td>Black Caribbean</td> <td>4,617</td> <td>5,002</td> <td>1.3%</td> <td>1.2%</td> </tr> <tr> <td>Black African</td> <td>21,174</td> <td>25,472</td> <td>5.8%</td> <td>6.1%</td> </tr> <tr> <td>Black Other</td> <td>11,588</td> <td>16,377</td> <td>3.2%</td> <td>3.9%</td> </tr> <tr> <td>Indian</td> <td>27,530</td> <td>29,512</td> <td>7.5%</td> <td>7.1%</td> </tr> <tr> <td>Pakistani</td> <td>5,698</td> <td>6,941</td> <td>1.6%</td> <td>1.7%</td> </tr> <tr> <td>Bangladeshi</td> <td>2,453</td> <td>3,139</td> <td>0.7%</td> <td>0.8%</td> </tr> <tr> <td>Chinese</td> <td>8,805</td> <td>11,015</td> <td>2.4%</td> <td>2.6%</td> </tr> <tr> <td>Other Asian</td> <td>34,296</td> <td>48,638</td> <td>9.3%</td> <td>11.6%</td> </tr> <tr> <td>Other</td> <td>25,917</td> <td>36,012</td> <td>7.1%</td> <td>8.6%</td> </tr> <tr> <td>Black, Asian and Minority</td> <td>142,074</td> <td>182,114</td> <td>38.7%</td> <td>43.6%</td> </tr> </tbody> </table>	Ethnic Group	2015	2030	Ethnic Composition in 2015	Ethnic Composition in 2030	White	225,193	235,457	61.3%	56.4%	Black Caribbean	4,617	5,002	1.3%	1.2%	Black African	21,174	25,472	5.8%	6.1%	Black Other	11,588	16,377	3.2%	3.9%	Indian	27,530	29,512	7.5%	7.1%	Pakistani	5,698	6,941	1.6%	1.7%	Bangladeshi	2,453	3,139	0.7%	0.8%	Chinese	8,805	11,015	2.4%	2.6%	Other Asian	34,296	48,638	9.3%	11.6%	Other	25,917	36,012	7.1%	8.6%	Black, Asian and Minority	142,074	182,114	38.7%	43.6%	
Ethnic Group	2015	2030	Ethnic Composition in 2015	Ethnic Composition in 2030																																																											
White	225,193	235,457	61.3%	56.4%																																																											
Black Caribbean	4,617	5,002	1.3%	1.2%																																																											
Black African	21,174	25,472	5.8%	6.1%																																																											
Black Other	11,588	16,377	3.2%	3.9%																																																											
Indian	27,530	29,512	7.5%	7.1%																																																											
Pakistani	5,698	6,941	1.6%	1.7%																																																											
Bangladeshi	2,453	3,139	0.7%	0.8%																																																											
Chinese	8,805	11,015	2.4%	2.6%																																																											
Other Asian	34,296	48,638	9.3%	11.6%																																																											
Other	25,917	36,012	7.1%	8.6%																																																											
Black, Asian and Minority	142,074	182,114	38.7%	43.6%																																																											
<p>6. Religion or belief</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Positive Impact</b></p> <p>Person centred support plans will enable service users to specify any specific support requirements they need in order to meet their religious or cultural needs.</p> <p>Having an Approved Provider List will give service</p>	<p>NA</p>																																																												



		<p>users access to a greater range of providers who will have a range of varied specialisms and expertise to meet the specific needs of different service users.</p> <p><b>Data</b>  <b>Barnet Population by Religion, 2011</b></p> <table border="1"> <thead> <tr> <th colspan="3">Barnet 2011</th> </tr> <tr> <th>Religion</th> <th>No. of People</th> <th>% of population</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>146,866</td> <td>41.2%</td> </tr> <tr> <td>Buddhist</td> <td>4,521</td> <td>1.3%</td> </tr> <tr> <td>Hindu</td> <td>21,924</td> <td>6.2%</td> </tr> <tr> <td>Jewish</td> <td>54,084</td> <td>15.2%</td> </tr> <tr> <td>Muslim</td> <td>36,744</td> <td>10.3%</td> </tr> <tr> <td>Sikh</td> <td>1,269</td> <td>0.4%</td> </tr> <tr> <td>Any other religion</td> <td>3,764</td> <td>1.1%</td> </tr> <tr> <td>No religion</td> <td>57,297</td> <td>16.1%</td> </tr> <tr> <td>Religion not stated</td> <td>29,917</td> <td>8.4%</td> </tr> </tbody> </table> <p><b>(Source: Barnet Joint Strategic Needs Assessment 2015 - 20).</b></p>	Barnet 2011			Religion	No. of People	% of population	Christian	146,866	41.2%	Buddhist	4,521	1.3%	Hindu	21,924	6.2%	Jewish	54,084	15.2%	Muslim	36,744	10.3%	Sikh	1,269	0.4%	Any other religion	3,764	1.1%	No religion	57,297	16.1%	Religion not stated	29,917	8.4%	
Barnet 2011																																				
Religion	No. of People	% of population																																		
Christian	146,866	41.2%																																		
Buddhist	4,521	1.3%																																		
Hindu	21,924	6.2%																																		
Jewish	54,084	15.2%																																		
Muslim	36,744	10.3%																																		
Sikh	1,269	0.4%																																		
Any other religion	3,764	1.1%																																		
No religion	57,297	16.1%																																		
Religion not stated	29,917	8.4%																																		
7. Gender / sex	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	The scheme will have positive impact on all potential residents regardless of gender.	NA																																	
8. Sexual orientation	Unknown	No available data.	NA																																	
9. Marital Status	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No foreseen impact on any resident based on their marital status.	NA																																	
10. Other key groups?  Carers	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Carers supporting adults' who have been identified as having Care Act Eligible need, will benefit from individuals taking part in day opportunities and developing their independence and social networks, as this will enable them to have more capacity to lead a fulfilling life outside their caring role.</p> <p><b>Data</b>                      Data from the 2011 Census indicated that there were 32,256 residents who classified themselves as a carer in Barnet in 2011.</p> <p><b>Table 9-1: Number of carers assessed by the primary support need of the cared for adult</b>                      Source: SWIFT – Adult Social Care Database</p>	NA																																	

		Client Category	2011/12	2012/13	2013/14
		Physical / Sensory Impairment (18-64)	226	248	177
		Learning Disability (18-64)	115	171	160
		Mental Health (18-64)	164	86	126
		Other (18-64)	7	5	5
		Older Adults	1,820	1,669	1,480
		<b>Total</b>	<b>2,432</b>	<b>2,179</b>	<b>1,948</b>

**4. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)**

People’s individual packages of support will be reviewed through the annual review of their support plan, this will check quality of service provision and that this continues to reflect individual choice and needs

The performance of providers will be monitored through quarterly performance monitoring reporting with Barnet’s Care Quality Service. Annual service reviews will be undertaken except in the case of poor performance whereby additional review will be carried out.

### Overall Assessment

5. Overall impact		
Positive Impact  <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known <sup>4</sup>  <input type="checkbox"/>	No Impact  <input type="checkbox"/>
6. Scale of Impact		
Positive impact:  Minimal <input type="checkbox"/> Significant <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known  Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

<sup>4</sup> ‘Impact Not Known’ – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

--	--	--

**7. Outcome**

No change to decision	Adjustment needed to decision	Continue with decision <i>(despite adverse impact / missed opportunity)</i>	If significant negative impact - Stop / rethink
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Please give full explanation for how the overall assessment and outcome was decided**

This initiative will have a positive impact on individuals as it will:

- Support people to access mainstream services and develop inclusive communities
- Support adults with identified social care needs to maintain or access employment, training and volunteering opportunities
- Support people to access day opportunities within their community
- Support people to gain greater choice and control over their day
- Given the positive impacts of all of the equality strands the decision was made to implement the proposal

This page is intentionally left blank

	AGENDA ITEM 10
	<p><b>Adults and Safeguarding Committee Meeting</b></p> <p><b>12<sup>th</sup> June 2017</b></p>
<b>Title</b>	<b>Commissioning Plan for Adult Social Care Accommodation and Support Services</b>
<b>Report of</b>	Commissioning Director, Adults and Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A – The Right Home Commissioning Plan Appendix B – Accommodation and Support EIA
<b>Officer Contact Details</b>	Kirstie Haines – Strategic Lead Adults Wellbeing <a href="mailto:Kirstie.haines@barnet.gov.uk">Kirstie.haines@barnet.gov.uk</a>

<h3>Summary</h3>
<p>In March 2015, the Adults and Safeguarding Committee approved a five-year Commissioning Plan for the period 2015-20, which sets out the Committee’s priorities and outcome measures for the following service areas – Adults with Learning Disabilities, Working Age Adults with Mental Health Needs, Disabled Working Age Adults with Physical Disabilities or Sensory Impairments, Older People: Feeling Well, Enjoying Life, Older People: Social Care Services, Carers, Leisure Services and Cross-cutting Issues.</p> <p>This report sets out the detail of how the accommodation and support elements of the commissioning plan will be delivered including details of how the council is working with social care providers to extend choice for residents whilst helping them to stay independent for longer.</p>

<h3>Recommendations</h3>
<p><b>1. The Committee notes the progress in implementing the priorities identified in the Right Home Strategic Commissioning Plan.</b></p>

## 1. WHY THIS REPORT IS NEEDED

1.1 The Right Home Commissioning Plan (The Right Home) (Appendix A) sets out the types of accommodation that need to be available to meet the needs of social care clients to increase choice for individuals and deliver financial benefit for the council.

1.2 The detailed commissioning plan for accommodation and support is needed to inform Barnet's provider market about the type of provision that the council wishes to develop in borough, in support of the council's duties under the Care Act 2014 to shape the local social care market.

1.3 The 2017-2018 Addendum to the 2015-2020 Adults and Safeguarding Commissioning Plan includes the following commissioning priorities:

- We're developing best practice social care, focused on what people can do and how they can help themselves
- We're diversifying Barnet's accommodation offer to help more people live independently
- We're transforming day care provision to ensure that people remain active and engaged through access to employment and volunteering
- We're integrating health and social care services to prevent crises and help individuals stay well and in their own homes
- We're improving the borough's leisure facilities to support and encourage active and healthy lifestyles.

1.4 The commissioning plan for accommodation and support a key method of diversifying the adult social care accommodation offer to enable service users to be part of their community and stay well and independent. These changes are reflected in a range of national policy documents including:

1.5 The Care Act 2014 sets out a vision for a reformed care and support system. The Act gives the council responsibility for making sure that people have more control over their care through effective care and support planning and personalisation. Offering service users with a choice of accommodation supports the delivery of this responsibility for the council.

1.6 The Better Care Fund requires local areas to work across health and social care boundaries to reduce the numbers of elderly and frail people who are admitted to residential care. It also places an expectation on local areas to reduce the numbers of people who are delayed being discharged from hospital. Providing a more diverse accommodation offer will enable us better deliver these requirements.

1.7 The Mental Health Task Force Report (2016) c sets a comprehensive account of the challenges facing the provision of mental health care and sets out a ten-year strategy for change based on the key themes that emerged during the Taskforce's engagement work: prevention, access, integration, quality and a positive experience of care. The recommendations include the need to improve housing and accommodation options for people with mental health needs.

1.8 Valuing People (2001) contains four fundamental principles: choice and control in all aspects of the lives of people with learning disabilities, rights, promoting independence and inclusion and citizenship. Valuing People Now (2009) focused attention on those areas of the lives of people with learning disabilities where insufficient progress had been made since 2001, namely housing, employment opportunities and health.

1.9 In April 2014, the Government published an update to its 2010 National Autism Strategy: 'Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update'. The proposals contained in the accommodation commissioning plan will help to make sure that the services provided to young adults and adults with Autism reflect the Autism Act and its guidance and other relevant national policy and best practice.

1.10 Transforming care: A National response to Winterbourne View Hospital was explicit that there are far too many people with learning disabilities or autism staying too long in hospital or residential homes. To meet the needs of these individuals in the community, the range of services available to support individuals with complex physical and social needs should be increased.

1.11 Extending the range of accommodation and support services available to residents will assist in the delivery of these priorities. This plan includes details of the new models of accommodation and support needed in the borough to help people remain independent. These explicitly recognise the need to have a range of different services providing high and low support that will make sure that services are bespoke to the individual's needs at different times of their life.

1.12 For some individuals, the provision of additional short-term support will be important to allow them to remain independent and avoid permanent admissions to residential and nursing provision. For other individuals, the transition from residential care to more independent living may require additional services to ensure that risks of returning to residential care are minimised, whilst for other individuals there is a need for some time limited additional support to make the move towards more independent living, retain a placement or return home after a health crisis.

1.13 To ensure that we can meet the needs of individuals, we will commission a range of new services :

- Short-term support to individuals provided prior to, and at, discharge from hospital to put in place the right range of services to prevent readmission to hospital, loss of tenancy or permanent admission to residential care
- An extended range of services to help individuals with complex needs live in their home

- Short-term interventions to support individuals at risk of placements breaking down because of challenging behaviour
- Additional move-on provision that will support individuals to take a phased approach to moving into their own tenancies
- A new model of support at home that will be used as part of a support package for individuals at those points where their independence could be at risk or there is an increased risk of hospital admission.
- Supported living as a service that supports individuals to move towards more independent living and to retain employment; this could include providers re-provisioning existing supported living units as step down accommodation
- A more targeted approach to using adaptations and equipment to facilitate discharge to home or other independent accommodation
- Increased supply of extra care and sheltered plus provision for older people as an alternative to residential care.
- Introduce a housing brokerage service to make sure that accommodation and support are matched with the individual's care plan.

## 2. REASONS FOR RECOMMENDATIONS

2.1 People with long-term conditions (mental and physical), learning disabilities and dementia are living longer and want to be able to choose where they live. The current supported living and residential care models do not always reflect what individuals want for themselves. For example, young people with learning disabilities want the opportunity to live with the friends they choose and be supported to get a job but this is not always available in current models of supported living. For older people who need additional support, choices can be limited to remaining at home or moving into residential care, with a lack of intermediate options.

2.2 The lack of visible alternatives to residential care was identified as one of the factors influencing families, individuals and professionals when choosing residential care. As a result of this, the council has focused on developing alternatives to residential care for service users and has seen a decrease in admissions for older and working age residents (see table below). The accommodation commissioning plan is intended to achieve further improvements in this area.



Indicator		Polarity	2015/16 Result	2016/17 Result
AC/C14 ASCOF2A (1)	Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64	Smaller is Better	12.2	8.50 (Reported result)
AC/S9 ASCOF2A (2)	Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	514.9	381.9 (Reported result)

2.3 The accommodation commissioning plan enables the council to meet the ambition in its commissioning plan for adult social care to support individuals to remain independent for longer.

### 3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

### 4. POST DECISION IMPLEMENTATION

4.1 Implementation of the plan will be overseen by the Adults and Health transformation programme, using the council's project management methodology.

### 5. IMPLICATIONS OF DECISION

#### 5.1 Corporate Priorities and Performance

5.1.1 Barnet Council's vision, as outlined in the Corporate Plan 2015-2020, is that Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes.

5.1.2 By 2020, social care services for adults will be re-modelled to focus more on managing demand and promoting independence, with a greater emphasis on early intervention. This approach will:

- Enable more people to stay independent and live for longer in their own homes.
- Allow young people with complex disabilities to stay in Barnet, where they grew up, and live in their own homes, with education and training opportunities helping them to grow in independence.
- Ensure people with mental health needs receive the support in the community to help them stay well.

5.1.3 The Right Home supports delivery of these priorities. It also supports the priorities of the Joint Health and Wellbeing Strategy (2015 – 2020) and the strategy's themes of wellbeing in the community and care when needed.

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

5.2.1 The Council's Policy and Resources Committee on 9 July 2015 tasked the Adults and Safeguarding Committee with developing proposals for savings of £18.5m between 2016 and 2020. Proposals were agreed at the Adults and Safeguarding Committee on 19 November 2016. In addition to the proposed savings of £18.5m, the Medium Term Financial Strategy includes £8.9m of pressure funding for adult social care. The priority focus will be reducing demand for Adult Social Care Services through the development of a range of services as an alternative to high cost provision and commissioning the most effective prevention and early intervention services.

5.2.1 Diversification of our accommodation and support services will be required to deliver these savings because the new service models are designed to help keep individuals independent for longer and avoid crisis.

## **5.3 Social Value**

5.3.1 As required by the Public Services (Social Value) Act 2013, social value considerations will be taken into account in expanding accommodation provision in the borough. It is anticipated that significant social value will be delivered in a number of ways, including:

- Wheelchair housing, extra care, sheltered plus and supported living will provide a valuable resource for the local communities
- The new accommodation and support schemes, including the extension of extra care and sheltered plus places, will create opportunities for local employment in terms of care and support staff
- Accommodation and support schemes including those for individuals with complex needs, will provide opportunities for volunteering by local residents
- Accommodation and Support schemes can provide opportunities for local groups to interact with residents facilitating the strengthening of communities.

## **5.4 Legal and Constitutional References**

5.4.1 The Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Responsibility for Functions, Appendix A). The Adults and Safeguarding Committee has the following responsibilities:

- To be responsible for those powers duties and functions of the Council in relation to Adult Social Care.
- Promoting the best possible Adult Social Care services.
- To ensure that the Council's safeguarding responsibilities are taken into account.
- To consider for approval any non-statutory plan or strategy within the remit of the Committee that is not reserved to Full Council or Policy and Resources.
- Authorise procurement activity within the remit of the Committee and any acceptance of variations or extensions if within budget in accordance with the responsibilities and thresholds set out in Agreement Procedure Rules.

5.4.2 The provision of accommodation and support services is in line with the duties of the Council under the Care Act 2014 in providing choice to residents, preventing or reducing needs and promoting a resident's well-being.

## **5.5 Risk Management**

5.5.1 A failure to provide appropriate accommodation could result in adults being without the appropriate services, which in turn may increase the demand for more expensive care and support. The commissioning intentions included in the Right Home have been fully considered to minimise this risk.

## **5.6 Equalities and Diversity**

5.6.1 Section 149 of the Equality Act 2010 sets out the public sector equality duty which obliges the council to have due regard to the need to: eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity between those covered by the Equalities Act and those not covered e.g. between disabled and non-disabled people; and foster good relations between these groups. The protected characteristics are age, disability; gender reassignment; pregnancy and maternity; religion or belief; sex; sexual orientation.

5.6.2 By section 149(2) of the Equality Act 2010, the duty also applies to 'a person, who is not a public authority but who exercises public functions and therefore must, in the exercise of those functions, have due regard to the general equality duty'. This means that the council, The Barnet Group LTD, Your Choice (Barnet) Limited and Barnet Homes LTD will need to have regard to their general equality duty.

5.6.3 An equalities impact assessment (EqIA) has been carried out regarding proposals for the procurement of accommodation and support services (attached as appendix B). This has shown an overall that there will be an overall significant positive impact on equalities strands and there are no equalities risks associated with the proposals

## **5.7 Consultation and Engagement**

5.7.1 Social care providers, social care staff, service users and carers have been involved in discussions about how the current accommodation and support offer could be improved through consultation work on the Adult Social Care New Operating Model, Barnet's Housing Strategy, the development of the 0-25 service, the Wellbeing Hub and health and social care integration. Engagement sessions were also held with supported living providers, older people's housing network and voluntary sector prevention partners.

## **5.8 Insight**

5.8.1 Population need data drawn from local and national sources was used to identify service gaps and priorities. Detailed population need summaries are provided for each of the Adult Social Care client groups within the Right

Home. Future projections of need have been drawn from POPPI and PANSI<sup>1</sup> and have been used to identify future population need.

## 6 BACKGROUND PAPERS

- Housing Strategy and Housing Committee Commissioning Plan, Housing Committee, 19th October 2015  
<https://barnet.moderngov.co.uk/documents/s26448/Housing%20committee%20report%20housing%20commissioning%20plan%20strategy%20final%20cleared%20report.pdf>
- Annual Performance Report and the Local Account 2015/16, 13th July 2016  
<https://barnet.moderngov.co.uk/documents/s33224/Annual%20Performance%20Report%20and%20Local%20Account.pdf>
- Adults and Safeguarding Business Plan 2016-17 , Adults and Safeguarding Committee, 12 November 2015  
<https://barnet.moderngov.co.uk/documents/s27181/Adults%20and%20Safeguarding%20Business%20Plan%202016-2017.pdf>
- Extension of Extra Care Services Adults and Safeguarding Committee 10<sup>th</sup> November 2016  
<http://committeepapers.barnet.gov.uk/documents/s35905/Extension%20of%20Extra%20Care%20Services.pdf>

---

<sup>1</sup> Projecting Older People Population Information: Data Portal (Oxford Brookes University) and Projecting Adult Needs and Service Information Data Portal (Oxford Brookes University)

**APPENDIX A**

The Right Home

Barnet's Commissioning Plan for Adult Accommodation and Support Services

## 1. Introduction

1.1 The Right Home: Barnet's Commissioning Plan for Adults Accommodation and Support sets out Barnet Council's commissioning intentions for accommodation and support services for adults with additional needs.

This plan sets out:

- Our vision and rationale for increasing the range of accommodation and support services commissioned in the borough to better meet the needs of those adults who receive additional services from the council.
- The current and future accommodation and support needs of groups that may require additional support from the council.
- Details of the new models of accommodation and support that the council will work with the market to develop and commission.
- Responds to some of the current gaps in provision highlighted to us by providers, service users, families and carers, and social care professionals that we have talked to as part of the development of adult social care services.

## 2. Scope

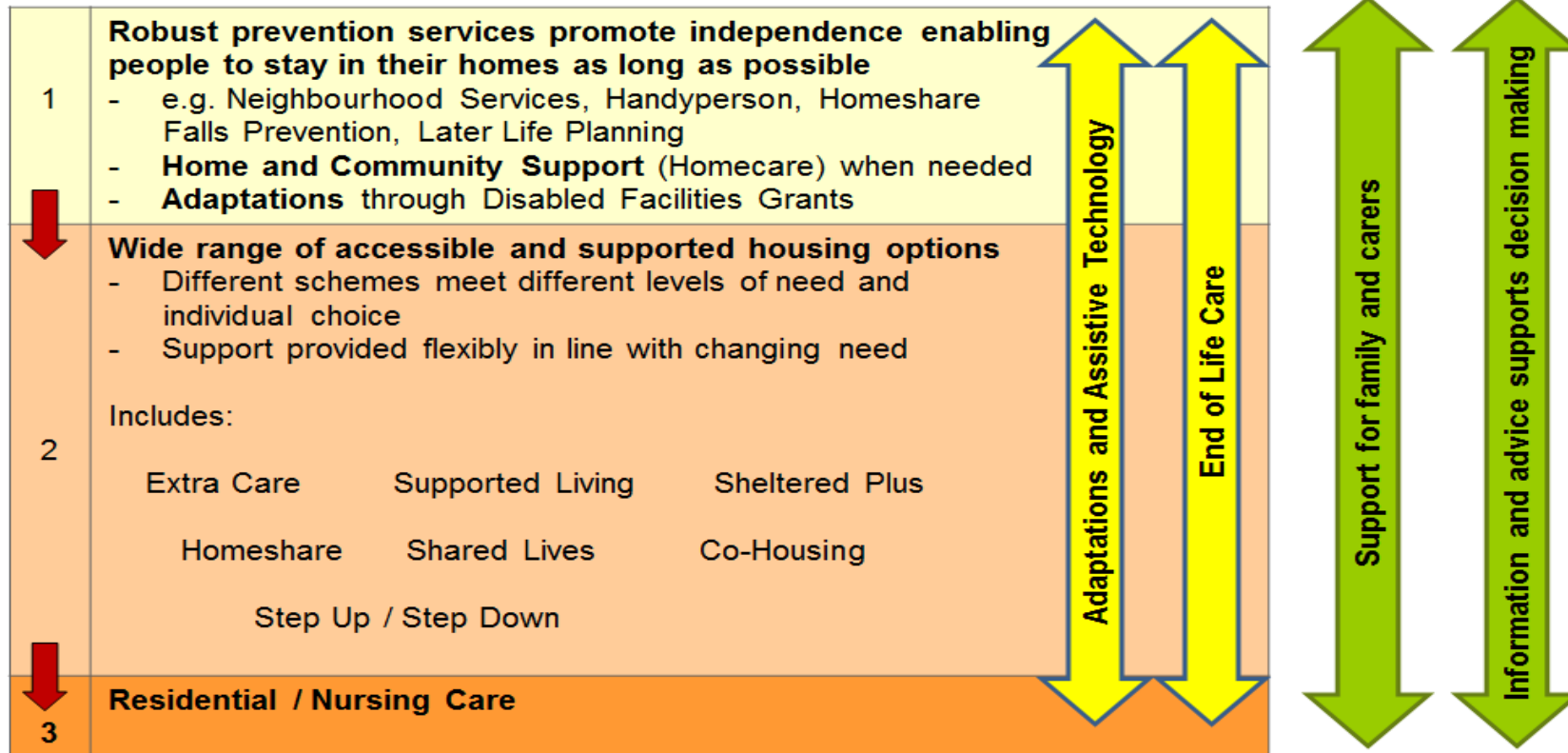
2.2 The client groups covered by this strategy are:

- Older adults 65+ including dementia and learning disabilities
- People with learning disabilities and autism (18-64)
- People with physical disabilities and sensory impairment (18-64)
- People with mental health needs (18-64)

### **3. Accommodation and Support Services – Future Provision**

- 3.1 This plan includes details of the new models of accommodation and support needed in the borough to help people remain independent. These explicitly recognise the need to have a range of different services providing high and low support that will make sure that services are bespoke to the individual's needs at different times of their life. For some individuals, the provision of additional short-term support will be important to allow them to remain independent and avoid permanent admissions to residential and nursing provision. For other individuals, the transition from residential care to more independent living may require additional services to ensure that risks of returning to residential care are minimised, whilst for other individuals there is a need for some time limited additional support to make the move towards more independent living, retain a placement or return home after a health crisis.
- 3.2 The services commissioned by the Council need to be flexible enough to meet these differing needs in the right way at the right time. The diagram below illustrates the potential service user journey for older people including the full range of accommodation options and services at each stage.

# Future Accommodation and Support Pathway





3.3 This plan includes details of the types of services we wish to commission in the future. The range of services we will commission will include:

- Short-term support to individuals provided prior to, and at, discharge from hospital to put in place the right range of services to prevent readmission to hospital, loss of tenancy or permanent admission to residential care
- An extended range of services to help individuals with complex needs live in their home
- Short-term interventions to support individuals at risk of placements breaking down because of challenging behaviour
- Additional move-on provision that will support individuals to take a phased approach to moving into their own tenancies
- A new model of support at home that will be used as part of a support package for individuals at those points where their independence could be at risk or there is an increased risk of hospital admission
- Supported living as a service that supports individuals to move towards more independent living and to retain employment; this could include providers re-provisioning existing supported living units as step down accommodation
- A more targeted approach to using adaptations and equipment to facilitate discharge to home or other independent accommodation
- Increased supply of extra care and sheltered plus provision for older people as an alternative to residential care
- Use of a housing brokerage service to make sure that accommodation and support are matched with the individual's care plan.

3.4 More detail of what these services would entail for each client group is provided in the individual chapters included in this plan.

#### 4. Strategic Context

4.1 **National policy context:** Our understanding of what helps people with poor health recover, older people remain independent and how we should best support young people with learning disabilities has changed over recent years. Going forward our accommodation offer needs to reflect the role of community participation, work and successful relationships in helping people stay well and independent. These changes are reflected in a range of national policy documents including:

4.2 **The Care Act (2014)** sets out a vision for a reformed care and support system. The Act gives the Council responsibility for making sure that people have more control over their care through effective care and support planning and personalisation. The Act's eligibility regulations specify that local authorities should consider how service users access employment, training and education as outcomes of their support plan.

4.3 **Better Care Fund** requires local areas to work across health and social care boundaries to reduce the numbers of elderly and frail people who have unplanned admissions to hospital and residential care. It also places an expectation on local areas to reduce the numbers of people who are delayed being discharged from hospital.

4.4 **Mental Health Task Force Report (2016)** clearly sets a comprehensive account of the challenges facing the provision of mental healthcare and sets out a ten-year strategy for change based on the key themes that emerged during the Taskforce's engagement work: prevention, access, integration, quality and a positive experience of care. There are 58 recommendations designed to:

- Solicit wider involvement across other national and local agencies to improve the social care, housing and employment offer for people with mental health problems
- Focus on tackling mental health inequalities at local and national level experienced by people living in poverty, who are

unemployed and who are already marginalized

- Align the priorities and activities of six NHS arm's length bodies to achieve parity of esteem between mental and physical health for children, young people, adults and older people

4.5 **Valuing People (2001)** contains four fundamental principles: choice and control in all aspects of the lives of people with learning disabilities, rights, promoting independence and inclusion and citizenship. **Valuing People Now (2009)** focused attention on those areas of the lives of people with learning disabilities where insufficient progress had been made since 2001, namely housing, employment opportunities and health.

4.6 **National Autism Act and Strategy (2014)**: In April 2014, the Government published an update to its 2010 National Autism Strategy: 'Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update'. The proposals contained in this report will help to make sure that the services provided to young adults and adults with Autism reflect the Autism Act and its guidance and other relevant national policy and best practice.

## 5. Barnet Council's Corporate Plan 2015-2020

5.1 Barnet Council's vision, as outlined in the Corporate Plan 2015-2020, is that Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes.

5.2 By 2020, social care services for adults will be re-modelled to focus more on managing demand and promoting independence, with a greater emphasis on early intervention. This approach will:

- Enable more people to stay independent and live for longer in their own homes

- Allow young people with complex disabilities to stay in Barnet, where they grew up, and live in their own homes, with education and training opportunities helping them to grow in independence
- Ensure people with mental health needs receive the support in the community to help them stay well.

5.3 The 2017-2018 Addendum to the 2015-2020 Adults and Safeguarding Commissioning Plan includes the following commissioning priorities:

- We're developing best practice social care, focused on what people can do and how they can help themselves
- We're diversifying Barnet's accommodation offer to help more people live independently
- We're transforming day care provision to ensure that people remain active and engaged through access to employment and volunteering
- We're integrating health and social care services to prevent crises and help individuals stay well and in their own homes
- We're improving the borough's leisure facilities to support and encourage active and healthy lifestyles.

## **6. Financial position**

6.1 The Council's Policy and Resources Committee on 9 July 2015 tasked the Adults and Safeguarding Committee with developing proposals for savings of £18.5m between 2016 and 2020. Proposals were agreed at the Adults and Safeguarding Committee on 19 November 2016. In addition to the proposed savings of £18.5m, the Medium Term Financial Strategy includes £8.9m of pressure funding for adult social care. The priority focus will be reducing demand for Adult Social Care Services through the development of a range of services as an alternative to high cost provision and commissioning the most effective prevention and early intervention services. Diversification of our accommodation and support services will be required to deliver these savings because new types of

services are designed to help keep individuals independent for longer and avoid crisis.

## 7. Performance

7.1 The Table below shows Barnet’s performance for independent living and residential care since 2013-2014. These show that the last twelve months have seen improvements in outcomes but adults with learning disabilities who live-in their own home or with their family and Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64 measures there is further work to do to make the performance of our nearest statistical neighbours..

**7.2 Table 1: Accommodation and Support Measure**

Indicator		Polarity	2013/14 Result	2014/15 Result	2015/16 Result	2016/17 Result	Benchmarking
AC/S3 (ASCOF 1G)	Percentage of adults with learning disabilities who live-in their own home or with their family	Bigger is Better	58.1% (2013/14 ASCOF)	59.6% (2014/15, ASCOF)	64.1% (2015/16 ASCOF)	61.99% <b>(Reported result)</b>	CIPFA 68.8% London 70.1% (2015/16, ASCOF)
AC/S6 (ASCOF 1H)	Percentage of adults with mental health needs who live independently, with or without support	Bigger is Better	70.9% (2013/14 ASCOF)	70.4% (2014/15, ASCOF)	70% (2015/16 ASCOF)	84.2% <b>(Reported result)</b>	CIPFA 74.4% London 73.5% (2015/16, ASCOF)
AC/C14 ASCOF2A (1)	Permanent admissions to residential and nursing care homes, per 100,000 population age 18-64	Smaller is Better	13.4 (2013/14 ,ASCOF)	16.6 (2014/15, ASCOF)	12.2 (2015/16 ,ASCOF) (New Cohort)	8.50 <b>(Reported result)</b>	Group average 6.9 (Q3 2016/17, LAPS)
AC/S9 ASCOF2A (2)	Permanent admissions to residential and nursing care homes, per 100,000 population age 65+	Smaller is Better	475.1 (2013/14 ASCOF)	622.5 (2014/15, ASCOF)	514.9 (2015/16 ,ASCOF)	381.9 <b>(Reported result)</b>	CIPFA 445.2 London 516.5 (2015/16, ASCOF)

## **8. Population changes**

8.1 People with long-term conditions (mental and physical), learning disabilities and dementia are living longer, have higher levels of employment and want to be able to choose where they live. The current supported living and residential care models do not always reflect what individuals want for themselves. For example, young people with learning disabilities want the opportunity to live with the friends they choose and be supported to get a job but this is not always available in current models of supported living. For older people, who need additional support the choice between remaining at home or residential care does not reflect their wish to, sometimes, move to accommodation with some built in support that can be used when needed.

## **9. Assistive Technology**

9.1 Significant technological advances in recent years have presented opportunities to utilise new technologies to help meet people's needs more effectively. Barnet Council will consider greater use of telecare, telehealth services and wider assistive technology for future accommodation that is built or re-modelled for vulnerable people within Barnet. Through working with our development partners to be as innovative as possible with the use of current and emerging assistive technology, the Council will strive to enable people with additional care and support needs to live independently in their own homes within a low dependency, low cost service model.

## **10. Availability of Land**

10.1 As a successful London borough, demand for land for residential developments exceeds the land available. Accommodation for people with additional needs is only one of many competing demands. If the Council is to provide more accommodation that supports people to stay independent for longer we must be clear about the ways that existing accommodation could be redeployed

to meet the needs of vulnerable people. This plan sets out the types of accommodation that would increase choice for individuals and deliver financial benefit for the council.

## **11. Population Need - Summary**

11.1 Further details of the priorities for the following client groups: older people, learning disabilities, physical and sensory impairment, mental health clients and vulnerable young adults are provided below. It is intended that services will be personalised, holistic and integrated, so that for example, a service designed for older people will recognise that some older people may also have needs arising from a learning disability or a mental health issue. The actions we will take to increase the range of accommodation and support services available to residents are detailed at the conclusion of each section.

## **12. Population Need Older People - Summary**

### **12.1 Current Situation**

12.2 In common with national trends Barnet has an ageing population with people generally living longer and remaining healthy, fit and active for far longer than previous generations. However, the increasing number of those aged over 80 years will increase demand for housing and care and support services available. The over-60 population in Barnet is approximately 64,690. During 2013/14 there were 3,868 older people who were in receipt of Adult Social Care services.

12.3 A report commissioned by the Council in 2014 which focused on Housing and Care for Older People<sup>1</sup> identified two housing profiles for older people in the Borough:

---

<sup>1</sup> Cornerstones Report Barnet Ageing Population and Housing Needs (2014)

1. Older People with all of the equity required to fund a move and will be moving for lifestyle reasons or may be thinking about future care needs

2. Older People without or with very little, equity, and are more likely to move due to a care crisis.

12.4 These individuals will need to have access to appropriate housing and associated services, without which their potential or future needs cannot be met.

12.5 Not all older people are necessarily vulnerable and many can live safely in a general needs setting; however, many may wish or need to downsize to a property that is more amenable to their current or future needs. Others require some assistance or support to live independently, and may require a specialist housing solution (such as a specifically designed or adapted property) or some degree of support or care services.

12.6 Finally, for those with more acute needs who may be deemed frail, a more intensive combination of provision may be required, which could include specialist accommodation (such as residential, nursing or extra care) in which intensive support or care services can be delivered.

## **12.7 Views of Older People**

12.8 A number of engagement events have been held to discuss and shape best practice around older people's accommodation in Barnet:

- Presentation and discussion with the Barnet Housing Network
- Presentation and discussion with Barnet Provider Forum



- Service users, providers and relevant professionals have been involved in drawing up a best Practice Barnet Extra Care Housing specification.

12.9 The majority of older people would prefer to grow old in their own homes and retain their independence. They are least amenable to institutional care, though are increasingly attracted to sheltered housing and extra care, which offer an intermediate solution, balancing independence with bespoke care provision.

### **12.10 Future Need**

12.11 The population of older people in Barnet is set to increase by approximately 60,000 people over the next 20 years, with the over 60 population projected to be 109,849 by 2041. The number of Barnet residents living into their 70s and 80s is expected to increase steadily which is likely to increase demand on services due to the complexity of needs as people get older. As referenced above, income levels and deprivation are contributing factors to determining whether someone will require additional accommodation related care and support. The forecast future distribution of the older people's population and their income distribution are provided in the maps on the following page.

12.12 According to POPPI and PANSI<sup>2</sup> projections, Barnet will experience one of the largest increases in older residents of all the London Boroughs over the next five to ten years and the number of people with dementia is forecasted to increase 1.5 times faster than other London locations.

---

<sup>2</sup> Projecting Older People Population Information: Data Portal (Oxford Brookes University and Projecting Adult Needs and Service Information Data Portal (Oxford Brookes University)

12.13 The Council's strategic objectives are to make it easier for residents to plan ahead for their accommodation needs as they approach old age and promote integrated communities, where there is a supply of good housing choices for older people. The focus will be on developing more creative ways to support people to remain in their own homes to maintain high standards of independent living for longer, avoid social isolation and prevent and reduce the use of high cost placement packages at a later stage.

12.14 We need to ensure older people are not isolated and detached from their communities and have help and support so they can remain independent for as long as possible.

12.15 We will develop relationships with housing and care providers to create a range of options that offer choice, such as extra care housing across all tenures.

12.16 We will develop a pathway (step up/ step down) to help older people live independently after a period in hospital or residential care by working with individuals and families prior to discharge to put the right services in place. This would include a more targeted use of Disabled Facilities Grant to adapt properties, working with Housing Brokerage to identify alternative accommodation if the current home is no longer suitable and appropriate use of short-stay residential, or respite accommodation, to help build confidence to return home.

### **13. Population Need Summary - Learning Disabilities and Autism**

#### **13.1 Autism**

13.2 Approximately 1% of the adult population has an Autistic Spectrum Condition (ASC) which equates to about 2,600 people in Barnet. In 2012/13, autism was recorded as a care need for 170 Barnet social care service users. National forecasts indicate that

the number of young adults with autism will increase by 2.7% by 2020.

### 13.3 Learning Disabilities

13.4 The proportion of people with learning disabilities (PWLD) is under 0.5% of the total Barnet population; however over 11% of Adult Social Care service users are PWLD. Overall the number and proportion of service users with PWLD has remained relatively stable during the period 2011-2014. However, this current trend is not expected to continue in the future. Increasing life expectancy means that more PWLD and people with complex needs are expected to access adult social care in the future. The majority of these residents will require on-going social care throughout their lives. A 14% growth in the number of residents with moderate to severe learning disabilities is projected over the next decade.

### 13.5 Current Situation

13.6 The Joint Strategic Needs Assessment<sup>3</sup> published in 2015 shows that while Barnet has been successful in reducing the rate of admission to residential care and an increase in PWLD in supported living, the numbers of people living in this kind of accommodation remains relatively high within the local authority comparator group.

13.7 **Table 1: Shows the split of LD service users across the types of accommodation support offered**

	Community Based Services	Residential Care	Nursing Care	Total
	Number of Service Users			
<b>Age 18 to 64</b>	575	195	0	<b>765</b>

<b>Age 65 and over</b>	60	45	0	<b>105</b>
Total	<b>635</b>	<b>240</b>	<b>5</b>	870 <sup>4</sup>
<b>Source</b>	<b>NASCIS (RAP P1)<sup>3</sup></b>			

13.8 A high proportion of PWLD live at home with parents and carers<sup>6</sup>. In addition, it is estimated that 3.2% of PWLD live with parents aged 70 or over (see table 2). There is a high risk of carer or accommodation breakdown for this group, who may form a large proportion of those not currently in receipt of services. It should also be noted that 10% of PWLD living in private households are themselves carers.

**13.9 Table 2: Projected numbers and tenure of those in family home**

Projected numbers and tenure of those in family home	
<b>Adults with Learning Disabilities in family home</b>	<b>3415</b>
<b>Estimated no. adults with LD living with parents aged 70 or over</b>	<b>205</b>
<b>Owned outright</b>	<b>956</b>
<b>Owned with mortgage</b>	<b>1025</b>
<b>Shared ownership</b>	<b>34</b>
<b>Social housing</b>	<b>512</b>
<b>Private rented sector (leased)</b>	<b>888</b>

Source: LBB Housing Strategy - tenure data / national data

13.10 There are a number of groups within LD service users with support and accommodation requirements:

<sup>3</sup> National Adult Social Care Intelligence Service

- 13.11 Children and Young People with Learning Disabilities: data shows that 15% of young people with disabilities (18 – 25) are in supported living; however more work is needed to understand the trends in take up. There is a need for some shared accommodation for young people in transition to adulthood. A model of ‘collegiate style’ shared housing for this group with a move on pathway to either supported or independent housing is required. Planning needs to be undertaken early with young people based in out of borough residential schools to ensure smooth transition to community based services. Young people need to be supported to develop skills for independent living.
- 13.12 Behaviours that challenge services: the numbers of people with behaviours that may challenge is increasing; we project a 16% growth in this number by 2030. The reduction in hospital beds, assessment and treatment units and the national response to Winterbourne View (known as ‘Transforming Care’) means that the NHS and social care should take steps to increase the availability of specialist support and supported accommodation that can meet the needs of this group. This includes crisis ‘Crash Pad’ type services which can offer short term accommodation to avoid hospital admission. The North Central London Transforming Care Partnership will be prioritising joint work and accessing Transforming Care funding for this type of service as part of the implementation plan.
- 13.13 Older People with Learning Disabilities (LD): by 2030 the number of adults with LD aged 70+ using Adult Social Care will double and there is a higher prevalence of dementia in PWLD. To develop a better understanding of the accommodation and support requirements in community settings more analysis is needed.
- 13.14 **Adult Social care clients and carers** identified their main issues in relation to accommodation:
- Lack of choice of accommodation type and location
  - Increasing costs of housing means that affordable properties are often very small

- Recognition that needs (and wishes) of service users will change over their lifetime
- Need for greater access to adaptation services so physical needs do not mean that individuals will need to live in residential care
- Importance of having accessible and independent information including examples of all the types of housing schemes and options
- Having the right support from family, social worker or key worker to make the right choices
- Making sure we are planning for future needs particularly people with complex needs
- Making sure private landlords understand the needs of PWLD.

## 13.15 Future

13.6 The Council has set ambitious targets for the numbers of people moving to independent housing as an alternative to residential care, and work is in place to bring together commissioners and practitioners to achieve it. The Council is expanding the range of specialist supported housing for people with higher support needs and setting quality standards for extra care accommodation, facilities and management.

13.7 New, purpose-designed housing is in the pipeline, some developed with funding secured from Greater London Authority capital schemes, and we will commission Housing Association partners to bid for further funding to increase supported housing provision.

13.8 Barnet's strategy includes creation of attractive independent housing options for people choosing to step down from specialist housing schemes after a period of enablement support, helping to ensure optimum use of the specialist stock.

13.9 The success of some supported accommodation services in the private rented sector show the benefits of partnership with private landlords in enabling access for people with challenging support needs but who do not need on-site services. Care and support services will continue to be delivered wherever possible in the tenant's home.

13.10 Local and National Transforming Care plans put emphasis on the need for provider organisations to ensure that Positive

Behaviour Support and Active Support Principles <sup>4</sup>are embedded in their organisations and that the work force is trained and enabled to support people with complex.

## 14 Population Need Summary - Physical and Sensory Disabilities

### 14.6 Current Situation

14.7 Physical and sensory impairments are a broad term for a diverse range of needs. The definition of disability in the Equality Act states:

- (1) A person has a disability if—
  - (a) S/he has a physical or mental impairment, and
  - (b) The impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities

14.8 These varying conditions can prevent people from having equal access to housing that is appropriate to meet their needs. Many people with physical and/or sensory impairments are likely to remain living in ‘mainstream’ housing provided they have access to adaptations and improvements such as level access showers, stair lifts, handrails and assistive technology. The needs for this service user group can vary widely. The table below shows the estimated numbers of people with a disability /impairment in Barnet in 2015.

**14.9 Table 3 - Estimated number of residents by disability in Barnet 2015**

Disability /Impairment	Number
<b>Aged 18 - 64 predicted to have a physical disability (moderate to severe)</b>	<b>22,024</b>

---

<sup>4</sup> This is an approach that is used to support behaviour change in a child or adult with a learning disability. Unlike traditional methods used, the focus is not on ‘fixing’ the person or on the challenging behaviour itself and never uses punishment as a strategy for dealing with challenging behaviour. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce

<b>Aged 18-64 predicted to have a disabling visual impairment</b>	<b>155</b>
<b>Aged 18-64 predicted to have a disabling hearing impairment</b>	<b>8136</b>

SOURCE: POPPI and PANSI 2015

14.10 In general the care needs of those with a physical and sensory disability are frequently not substantial enough to require long-term placement in residential care by adult social care. However, general or supported housing can be ill-suited to their needs without adaptation or in short supply. Where people do have substantial needs, the person can require a high cost package to meet those needs as evidenced by the cost of residential placements.

14.11 Table 4 shows the number of people with physical and sensory impairments using social care services.

**Table 4 - Number and Percentage of Adult Social Care categorised as having a physical and /or sensory Impairment**

Age Group	2011/12		2012/13		2013/14		2014/15			2015/16	
	No.	% of total Service	No.	% of total service	No.	% of total service	No.	% of total service users		No.	% of total service users
<b>18-64</b>	701	26.3%	689	24.9%	656	24.3%	747	29.2%		744	<b>29.4%</b>
<b>65+</b>	<b>3,352</b>	<b>68.90%</b>	<b>3,353</b>	<b>70.30%</b>	<b>3,427</b>	<b>72.20%</b>	<b>3,620</b>	<b>77.0%</b>	<b>3,642</b>	<b>78.1%</b>	

SOURCE: SWIFT Adult Social Care database, RAP reports

14.12 The current situation for people with physical and sensory impairments is that the range of service provision such as supported living or extra care is not always suitable for a person with physical and / or sensory impairment. For example, younger disabled people may not wish to live in accommodation that is primarily occupied by older people such as extra care housing or the ceiling



of a house is not suitable for a ceiling hoist to be fitted.

14.13 The Disabled Facilities Grant (DFG) is being used to support people with physical and /or sensory impairment to remain in their own home. The DFG is used across all housing provision; owner occupier, social housing and private rental. It is also important to ensure that the accommodation is able to meet the person’s changing needs and the right level of support is provided for the person.

14.14 Barnet’s Joint Strategic Needs Assessment (JSNA) 2015-2020 sets out the following key issues for this cohort:

- The number of people with a physical and / or sensory impairment is increasing
- This will have an impact on the demand for services such as appropriate housing / support needs
- Due to medical improvements people with physical and/or sensory impairment are living longer and therefore resources are required for a longer period of time to support them.

14.15 Whilst having specific housing schemes for this cohort is not necessary, there is a need for housing and care settings that incorporate specialist design and improve environments for residents with physical and sensory impairment. It is crucial for the council to provide services that enable people with sensory impairments to maintain a good quality of life in the community for as long as possible and to improve the housing and support options available.

**14.16 Future**

14.17 As with other service user groups, people want to remain in their own home for as long as possible and remain as independent as possible. As a general rule, they also only want to make one move into a different accommodation as moving home is a very difficult transition. There will be increased demand for support as the population increases as the table (table 5) below illustrates.

**14.18 Table 5 - Estimated number of residents by disability in Barnet 2020 to 2030**

Disability /Impairment	2020	2025	2030
	No.	No.	No.
<b>Aged 18 - 64 predicted to have a physical disability (moderate to severe)</b>	24,366	26,139	<b>27,577</b>
<b>Aged 18-64 predicted to have a disabling visual impairment</b>	165	174	<b>181</b>
<b>Aged 18-64 predicted to have a disabling hearing impairment</b>	<b>9051</b>	<b>9906</b>	<b>10,546</b>

SOURCE: POPPI and PANSI

14.19 Barnet aims to deliver more accessible design specifications for general access housing. Adaptations and assistive technologies will be considered to enable independent living in as many cases as possible together with a robust menu of support services that facilitate a shift to independence. We will ensure that any admission to residential or nursing care is temporary or rehabilitative and only considered for those with highly complex needs that cannot be met through the provision of alternative housing options.

14.20 We will develop a pathway to ensure that people who enter residential care are supported to return home through a more targeted use of the Disabled Facilities Grant, the use of Community Equipment or alternative forms of support. We will work closely with Re and Barnet Homes to develop additional units built to wheelchair accessible standards and to use Disabled Facilities Grant to further adapt premises when an individual cannot be discharged to their home.

14.21 We will work with the Housing Brokerage service to consider the more appropriate accommodation for individuals to make sure that we plan ahead for discharge from hospital or residential care.

14.22 By having a wider range of accommodation options available for people with physical and sensory impairments, by working in partnership with accommodation providers with appropriate support /move on protocol and by ensuring support is maintained and that the tenancy is sustainable through the appropriate levels of support people will be supported to remain in their own home.

14.23 We need to use the opportunities created by the regeneration schemes across Barnet to increase the supply of accessible housing.

## **15 Population Need Summary Mental Health**

15.6 In 2015, it was estimated that 56,333 people aged 18 – 64 have a mental health problem<sup>5</sup> and the number is predicted to increase as the population grows. Overall rates of individual mental health problems are higher in Barnet than London and England; the rate of detention under the Mental Health Act 1983 for a mental health condition is significantly higher than the London or England averages.

15.7 The Barnet Joint Health and Wellbeing Strategy 2015 – 2020 includes the objective of creating circumstances that enable people to have greater life opportunities through a focus on improving mental health and wellbeing for all. Mental health is the key priority of the Joint Health and Wellbeing Strategy 2015 – 2020 with partners coming together to make a positive impact for all Barnet residents.

15.8 Mental health problems can be caused by, or exacerbated by, an unsettled living situation. In 2016-2017 84.2% of people in Barnet in contact with secondary mental health services were living in settled accommodation.<sup>6</sup> To improve this outcome even further, we would expect to see the numbers seeking support in securing accommodation to increase and the range of

---

<sup>5</sup> Barnet Joint Strategic Needs Assessment 2015 publication

<sup>6</sup> ASCOF 2016-2017

accommodation options to expand for this group.

### 15.9 **Accommodation and support**

15.10 Some residents with mental health conditions may require particular types of accommodation and / or support to sustain suitable housing. The average rate of people with a mental illness in residential or nursing care per 100,000 of the population in Barnet (34.9) is similar to England (32.7). Though due to a lack of local supply of alternatives there are instances where individuals are being placed in residential settings when their needs could be met in more independent options.

### 15.11 **Future**

15.12 The Council is committed to supporting people with mental health conditions to meet their housing needs and aspirations. This may be done either by commissioning specialist support to help people stay in their homes or providing specialist accommodation for those not able to live independently, preferring supported housing over more institutional and expensive residential care.

15.13 There is the need for the development of a wide range of accommodation options, including home ownership schemes, with a varying spectrum of support to meet the differing needs of the adult mental health population and to ensure the supply of accommodation enables progression through the care pathway to independence.

15.14 Mental health services are focusing on enablement to support people who develop mental health problems to have a good quality of life - greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

## 16.1 High Level Action Plan

<b>Description of Actions – Older People and Physical and Sensory Impairment</b>
Review prevention services which enable older people to maintain independence and stay in their own homes for as long as possible and work with providers to ensure that we implement best practice.
Increase the supply of accommodation (range and quantity) for older and disabled people most likely to require adult social care services. Work with the social care providers to expand the provision of sheltered plus, extra care and adapted homes
Barnet Council to invest in new extra care facilities to secure an additional 220 extra care places by 2022
Work with residential and nursing home providers to ensure that there is high quality and appropriate residential and nursing care when no other forms of provision will meet their needs.
Ensure full use of assistive technology at every stage to maximise independence and meet support needs.
Housing providers work closely with health partners/Intermediate Care Services and Enablement providers to provide opportunities for rehabilitation.
<b>Description of Actions – Mental Health</b>
Develop a range of communication products that provide information on the different types of accommodation available to support recovery and avoid hospital admissions
Expand the range of accommodation and support services available in the community to better reflect the needs of individuals. To include a supported living service that provides intensive support following hospital discharge and support provided in an individuals home to prevent hospital admission and/or tenancy breakdown.
Development of alternative models of accommodation and support to support the transition of young people from children’s to adult’s services.
<b>Description of Actions – Learning Disabilities</b>

Ensure that housing and employment needs are addressed together to create opportunities to participate in local communities for all people with LD.

Extend the range of accommodation and support services available at different life stages. Work with social care providers to identify gaps in accommodation provision and secure capital investment to address these gaps.

Shift move to supply more independent tenancies to reflect the needs and aspirations of younger adults with learning disabilities including use of assistive technology to enable greater independence. Put in place a specialist transition service that will support young people in making the move from residential school to having their own home in their local community,

Commission a renewed the Supported Living service to secure consistent quality and an appropriate distribution of places to meet the range of needs and required housing mix. Extend the number of providers operating the borough to ensure that individuals have a choice in the type and location of services provided.

Increase supply and take-up of supported living and independent housing opportunities by people with complex needs, enabling more people with complex needs to live in a home of their own with support and not in residential care

**Measuring Success**

Indicator
Proportion of working age adults (18-69) who are receiving adult social care services at the end of the month, who are recorded as living independently (with or without support)
Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family
Number of young people making the transition from residential school to accommodation with support or living in the family home.
% of people in receipt of accommodation and support services who report they have been able to exercise choice and be in control of their life
% of people in receipt of day accommodation and support services who report they have an opportunity to be an active member of their community
% of people in receipt of accommodation and support services who report they have been able to maintain and/or develop their friendship groups
% of carers of service users in receipt of accommodation and support services who believe that the service is supporting the individual to meet their personal outcomes/aspirations
Number of council-supported younger adults (aged 18-64) whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

This page is intentionally left blank



## APPENDIX B - Equality Analysis (EqA)

### Questionnaire

Please refer to the guidance before completing this form.

<b>1. Details of function, policy, procedure or service:</b>	
Title of what is being assessed: Accommodation and Support Services Approved Provider List	
Is it a new or revised function, policy, procedure or service? Revised and new services	
Department and Section: Adult Social Care	
Date assessment completed: Reviewed March 2017	
<b>2. Names and roles of officers completing this assessment:</b>	
Lead officer	Caroline Glover, Workforce Inclusion Commissioning Lead

<b>3. How are the equality strands affected?</b> <i>Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.</i>			
Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p><b>Positive impact</b></p> <p>The support lots available through the Accommodation and Support Approved provider list will be available for people aged 18 upwards. There is no upper age limit to the provision.</p> <p><u>Young adults</u></p> <p>Young adults (aged 18-25 year) who may have either low needs or very complex needs will particularly benefit from having a variety of skilled providers who can support them to meet their aspirations of having greater choice and independence by living in their own home: developing their independent living skills; supporting them to access education and employment; developing their social networks and supporting them to be an active part of their community. This support will ensure that they have the right support to prepare them for their on-going pathway in to adulthood.</p>	N/A

		<p>Additionally younger adults with complex needs or behaviours that may challenge some services will benefit from having skilled providers in borough. This will mean they should not have to go far from Barnet to have the right support to meet their needs. Enabling them to remain close to their family networks and support.</p> <p><u>Older adults</u></p> <p>Older adults will benefit from having providers who have the knowledge and skills to support service users as their needs change, to support and enable them to remain as independent as possible. Older adults will benefit from providers having the skills to reduce avoidable hospital admissions (e.g. by using assistive technology to avoid falls) and having flexible skilled support in place to enable service users to return home following a hospital admission.</p> <p>Sheltered plus provision will maximise choice for older people by providing an alternative, for some people, to residential care. Providing a home for life, with flexibility in care and support to meet changing need.</p> <p><b>Data</b></p> <p><u>Barnet's general older people population</u></p> <p>The Barnet over-65 population is forecast to grow three times faster than the overall population between 2015 and 2030, and the rate increases more in successive age bands. For instance, the 65+ population will grow by 34.5% by 2030, whereas the 85 and over population will increase by 66.6%.</p> <p><i>Barnet Population 2015, by Broad Age Group (JSNA 2015-20)</i></p> <table border="1" data-bbox="555 1456 1083 1747"> <thead> <tr> <th rowspan="2">Age</th> <th colspan="2">All Persons</th> </tr> <tr> <th>No. of People</th> <th>% of People</th> </tr> </thead> <tbody> <tr> <td>0 - 15</td> <td>77,789</td> <td>21.2%</td> </tr> <tr> <td>16 - 64</td> <td>237,901</td> <td>64.8%</td> </tr> <tr> <td>65 and over</td> <td>51,575</td> <td>14.0%</td> </tr> <tr> <td><b>Total</b></td> <td><b>367,265</b></td> <td><b>100.0%</b></td> </tr> </tbody> </table>	Age	All Persons		No. of People	% of People	0 - 15	77,789	21.2%	16 - 64	237,901	64.8%	65 and over	51,575	14.0%	<b>Total</b>	<b>367,265</b>	<b>100.0%</b>	
Age	All Persons																			
	No. of People	% of People																		
0 - 15	77,789	21.2%																		
16 - 64	237,901	64.8%																		
65 and over	51,575	14.0%																		
<b>Total</b>	<b>367,265</b>	<b>100.0%</b>																		
<p>2. Disability</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Positive impact</b></p> <p><u>Learning disabilities</u></p> <p>People with learning disabilities will benefit from having access to a range of providers that have the skills and knowledge to provide them with person-centred support that will enable them to increase their</p>	<p>N/A</p>																	

		<p>independence, support them to have an active role in the community.</p> <p><u>Autism</u></p> <p>People with autism will benefit from having providers that have the specific skills and knowledge to enable them to increase their independence, support them to have an active role in the community.</p> <p><u>Physical and sensory impairment</u></p> <p>People with physical and sensory impairments will benefit from having providers that have the skills and knowledge to enable them to increase their independence, support them to have an active role in the community.</p> <p><u>Mental health</u></p> <p>People with mental health conditions will benefit from having a range of different support options that can respond to people’s individual needs (e.g. support at home, supported living and specialist mental health step-down support).</p> <p>“Support at Home” will offer flexible and short term housing related support for people with mental health conditions. Support is to help people live independently in their own accommodation (private renters and home owners) in the community.</p> <p>The “Supported Living” offer includes accommodation, care and support for people with disabilities, including learning disabilities and mental health conditions</p> <p>The expectation is that Supported Living providers work with residents to enable them to develop their independent living skills supporting them to reduce the level of support they need and to move-on from supported living services.</p> <p>The “Support At Home“ specialist mental health step-down’ service includes accommodation and high level support, following discharge from Secondary Mental Health Services. Provides access to 24 hour support that is flexible and responsive to individual’s needs. The service will be time limited, supporting individuals to successfully move to independent living. Therapeutic support can be offered alongside the accommodation based support through partnerships with secondary mental health services.</p> <p><b>Data</b></p> <p><u>Learning Disabilities</u></p> <p>The proportion of people with learning disabilities (PWLD) is under 0.5% of the overall Barnet population; however over 11% of Adult Social Care</p>	
--	--	---	--

		<p>service users are PWLD.</p> <p>Overall the number and proportion of service users with PWLD has remained relatively stable, however, this current trend is not expected to continue in the future. A 14% growth in the number of residents with moderate to severe learning disabilities is projected over the next decade.</p> <p><u>Autism</u></p> <p>Approximately 1% of the adult population have an Autistic Spectrum Conditions (ASC) which equates to about 2,600 people in Barnet. In 2015/16, there were 321 Adult Social Care service users in Barnet who were recorded as having autism (although this was not always their primary reason for accessing social care services).<sup>1</sup></p> <p><u>Physical and sensory impairment</u></p> <p>Over 50% of Adult Social Care service users have a physical or learning disability, and for people aged 65 and over this rate is significantly higher; 72.2% in 2013/14.</p> <table border="1" data-bbox="533 1014 1265 1308"> <thead> <tr> <th rowspan="2">Age Group</th> <th colspan="2">2011/12</th> <th colspan="2">2012/13</th> <th colspan="2">2013/14</th> </tr> <tr> <th>No.</th> <th>% of Total Service Users</th> <th>No.</th> <th>% of Total Service Users</th> <th>No.</th> <th>% of Total Service Users</th> </tr> </thead> <tbody> <tr> <td>18-64</td> <td>701</td> <td>26.30%</td> <td>689</td> <td>24.90%</td> <td>656</td> <td>24.30%</td> </tr> <tr> <td>65+</td> <td>3,352</td> <td>68.90%</td> <td>3,353</td> <td>70.30%</td> <td>3,427</td> <td>72.20%</td> </tr> </tbody> </table> <p><b>Table 9-1: No. and % of Adult Social Care categorised as Physical Disability and Sensory Impaired</b> Source: SWIFT – Adult Social Care Database</p> <p><u>Mental health conditions</u></p> <p>There are 1,305 adults and older people with mental illness known to the Council receiving social care services. A further 15 people are in receipt of health rehabilitation services funded by the CCG.</p> <p>The number of people with Mental Health needs in Barnet is expected to continue to increase, especially in the older age patient group due to an above average increase in the number of people in the local older population.</p>	Age Group	2011/12		2012/13		2013/14		No.	% of Total Service Users	No.	% of Total Service Users	No.	% of Total Service Users	18-64	701	26.30%	689	24.90%	656	24.30%	65+	3,352	68.90%	3,353	70.30%	3,427	72.20%	
Age Group	2011/12			2012/13		2013/14																								
	No.	% of Total Service Users	No.	% of Total Service Users	No.	% of Total Service Users																								
18-64	701	26.30%	689	24.90%	656	24.30%																								
65+	3,352	68.90%	3,353	70.30%	3,427	72.20%																								

<sup>1</sup> Autism Self-Assessment Framework 2016

		<table border="1"> <thead> <tr> <th></th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> </tr> </thead> <tbody> <tr> <td>People aged 18-64 predicted to have a common mental disorder</td> <td>38,076</td> <td>38,542</td> <td>39,061</td> <td>39,572</td> <td>40,046</td> </tr> <tr> <td>People aged 18-64 predicted to have a borderline personality disorder</td> <td>1,066</td> <td>1,079</td> <td>1,093</td> <td>1,107</td> <td>1,120</td> </tr> <tr> <td>People aged 18-64 predicted to have an antisocial personality disorder</td> <td>815</td> <td>828</td> <td>842</td> <td>856</td> <td>869</td> </tr> <tr> <td>People aged 18-64 predicted to have psychotic disorder</td> <td>946</td> <td>958</td> <td>971</td> <td>983</td> <td>995</td> </tr> <tr> <td>People aged 18-64 predicted to have two or more psychiatric disorders</td> <td>16,975</td> <td>17,196</td> <td>17,438</td> <td>17,680</td> <td>17,901</td> </tr> <tr> <td colspan="6"><small>* Figures may not sum due to rounding. Crown copyright 2014</small></td> </tr> <tr> <td colspan="6"><small>** The prevalence rates have been applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have a mental health problem</small></td> </tr> </tbody> </table>		2014	2015	2016	2017	2018	People aged 18-64 predicted to have a common mental disorder	38,076	38,542	39,061	39,572	40,046	People aged 18-64 predicted to have a borderline personality disorder	1,066	1,079	1,093	1,107	1,120	People aged 18-64 predicted to have an antisocial personality disorder	815	828	842	856	869	People aged 18-64 predicted to have psychotic disorder	946	958	971	983	995	People aged 18-64 predicted to have two or more psychiatric disorders	16,975	17,196	17,438	17,680	17,901	<small>* Figures may not sum due to rounding. Crown copyright 2014</small>						<small>** The prevalence rates have been applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have a mental health problem</small>						
	2014	2015	2016	2017	2018																																														
People aged 18-64 predicted to have a common mental disorder	38,076	38,542	39,061	39,572	40,046																																														
People aged 18-64 predicted to have a borderline personality disorder	1,066	1,079	1,093	1,107	1,120																																														
People aged 18-64 predicted to have an antisocial personality disorder	815	828	842	856	869																																														
People aged 18-64 predicted to have psychotic disorder	946	958	971	983	995																																														
People aged 18-64 predicted to have two or more psychiatric disorders	16,975	17,196	17,438	17,680	17,901																																														
<small>* Figures may not sum due to rounding. Crown copyright 2014</small>																																																			
<small>** The prevalence rates have been applied to ONS population projections for the 18-64 population to give estimated numbers predicted to have a mental health problem</small>																																																			
3. Gender reassignment	Unknown	No available data	NA																																																
4. Pregnancy and maternity	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	There are no direct impacts in relation to pregnancy or maternity in the proposal.	NA																																																
5. Race / Ethnicity	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Person centred support plans will enable service users to specify any specific support requirements they need to enable them to meet cultural needs.</p> <p>Having an Approved Provider List will give service users access to a greater range of providers who will have a range of varied specialisms and expertise to meet the specific needs of different service users.</p> <p><b>Data</b> Compared to the Outer London average, Barnet has a higher proportion of people within the White ethnic group; 57.8% and 61.3% respectively. Barnet also has higher rates of the population within Other; Other Asian and Chinese ethnic groups.</p> <p>However, certain areas within the Borough have a higher proportional Black, Asian and Minority population than the Borough average. Based on the 2011 Census, Colindale, Burnt Oak and West Hendon all have populations where Black, Asian and Minority residents make up over half of the population; this is significantly above the Borough wide average of 39%. By age, the highest proportion of the population from White ethnic backgrounds are found in the 90 and over age group (93.3%); whereas the highest proportion of people from Black, Asian and Minority Ethnic groups are found in the 0-4 age group (55.4%).</p> <p>The table contains the projected population growth by</p>	NA																																																

		<p>ethnicity for the period 2015-2021 and 2015-2030. Barnet's population is projected to become increasingly diverse as the White British population is projected to decrease in proportion to the total population (from 61.3% in 2015 to 58.4% in 2021 and 56.4% in 2030).</p> <p>All Black, Asian and Minority Ethnic groups are projected to increase in number during the period 2015 to 2030. Although over this period the proportion of individuals from Indian ethnic groups will reduce from 7.5% of the total population to 7.1%.</p> <table border="1" data-bbox="544 633 1262 1391"> <thead> <tr> <th>Ethnic Group</th> <th>2015</th> <th>2030</th> <th>Ethnic Composition in 2015</th> <th>Ethnic Composition in 2030</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>225,193</td> <td>235,457</td> <td>61.3%</td> <td>56.4%</td> </tr> <tr> <td>Black Caribbean</td> <td>4,617</td> <td>5,002</td> <td>1.3%</td> <td>1.2%</td> </tr> <tr> <td>Black African</td> <td>21,174</td> <td>25,472</td> <td>5.8%</td> <td>6.1%</td> </tr> <tr> <td>Black Other</td> <td>11,588</td> <td>16,377</td> <td>3.2%</td> <td>3.9%</td> </tr> <tr> <td>Indian</td> <td>27,530</td> <td>29,512</td> <td>7.5%</td> <td>7.1%</td> </tr> <tr> <td>Pakistani</td> <td>5,698</td> <td>6,941</td> <td>1.6%</td> <td>1.7%</td> </tr> <tr> <td>Bangladeshi</td> <td>2,453</td> <td>3,139</td> <td>0.7%</td> <td>0.8%</td> </tr> <tr> <td>Chinese</td> <td>8,805</td> <td>11,015</td> <td>2.4%</td> <td>2.6%</td> </tr> <tr> <td>Other Asian</td> <td>34,296</td> <td>48,638</td> <td>9.3%</td> <td>11.6%</td> </tr> <tr> <td>Other</td> <td>25,917</td> <td>36,012</td> <td>7.1%</td> <td>8.6%</td> </tr> <tr> <td>Black, Asian and Minority</td> <td>142,074</td> <td>182,114</td> <td>38.7%</td> <td>43.6%</td> </tr> </tbody> </table>	Ethnic Group	2015	2030	Ethnic Composition in 2015	Ethnic Composition in 2030	White	225,193	235,457	61.3%	56.4%	Black Caribbean	4,617	5,002	1.3%	1.2%	Black African	21,174	25,472	5.8%	6.1%	Black Other	11,588	16,377	3.2%	3.9%	Indian	27,530	29,512	7.5%	7.1%	Pakistani	5,698	6,941	1.6%	1.7%	Bangladeshi	2,453	3,139	0.7%	0.8%	Chinese	8,805	11,015	2.4%	2.6%	Other Asian	34,296	48,638	9.3%	11.6%	Other	25,917	36,012	7.1%	8.6%	Black, Asian and Minority	142,074	182,114	38.7%	43.6%	
Ethnic Group	2015	2030	Ethnic Composition in 2015	Ethnic Composition in 2030																																																											
White	225,193	235,457	61.3%	56.4%																																																											
Black Caribbean	4,617	5,002	1.3%	1.2%																																																											
Black African	21,174	25,472	5.8%	6.1%																																																											
Black Other	11,588	16,377	3.2%	3.9%																																																											
Indian	27,530	29,512	7.5%	7.1%																																																											
Pakistani	5,698	6,941	1.6%	1.7%																																																											
Bangladeshi	2,453	3,139	0.7%	0.8%																																																											
Chinese	8,805	11,015	2.4%	2.6%																																																											
Other Asian	34,296	48,638	9.3%	11.6%																																																											
Other	25,917	36,012	7.1%	8.6%																																																											
Black, Asian and Minority	142,074	182,114	38.7%	43.6%																																																											
<p>6. Religion or belief</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p><b>Positive Impact</b></p> <p>Person centred support plans will enable service users to specify any specific support requirements they need in order to meet their religious or cultural needs.</p> <p>Having an Approved Provider List will give service users access to a greater range of providers who will have a range of varied specialisms and expertise to meet the specific needs of different service users.</p> <p><b>Data</b></p> <p><b>Barnet Population by Religion, 2011</b></p> <table border="1" data-bbox="544 2024 1187 2060"> <tr> <td style="text-align: center;">Barnet 2011</td> </tr> </table>	Barnet 2011	<p>NA</p>																																																											
Barnet 2011																																																															

		<table border="1"> <thead> <tr> <th>Religion</th> <th>No. of People</th> <th>% of population</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>146,866</td> <td>41.2%</td> </tr> <tr> <td>Buddhist</td> <td>4,521</td> <td>1.3%</td> </tr> <tr> <td>Hindu</td> <td>21,924</td> <td>6.2%</td> </tr> <tr> <td>Jewish</td> <td>54,084</td> <td>15.2%</td> </tr> <tr> <td>Muslim</td> <td>36,744</td> <td>10.3%</td> </tr> <tr> <td>Sikh</td> <td>1,269</td> <td>0.4%</td> </tr> <tr> <td>Any other religion</td> <td>3,764</td> <td>1.1%</td> </tr> <tr> <td>No religion</td> <td>57,297</td> <td>16.1%</td> </tr> <tr> <td>Religion not stated</td> <td>29,917</td> <td>8.4%</td> </tr> </tbody> </table> <p><b>(Source: Barnet Joint Strategic Needs Assessment 2015 - 20).</b></p>	Religion	No. of People	% of population	Christian	146,866	41.2%	Buddhist	4,521	1.3%	Hindu	21,924	6.2%	Jewish	54,084	15.2%	Muslim	36,744	10.3%	Sikh	1,269	0.4%	Any other religion	3,764	1.1%	No religion	57,297	16.1%	Religion not stated	29,917	8.4%	
Religion	No. of People	% of population																															
Christian	146,866	41.2%																															
Buddhist	4,521	1.3%																															
Hindu	21,924	6.2%																															
Jewish	54,084	15.2%																															
Muslim	36,744	10.3%																															
Sikh	1,269	0.4%																															
Any other religion	3,764	1.1%																															
No religion	57,297	16.1%																															
Religion not stated	29,917	8.4%																															
7. Gender / sex	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	The scheme will have positive impact on all potential residents regardless of gender.	NA																														
8. Sexual orientation	Unknown	No available data.	NA																														
9. Marital Status	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No foreseen impact on any resident based on their marital status.	NA																														
10. Other key groups?  Carers	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Carers supporting adults' who have been identified as having Care Act Eligible need, will benefit from having a crash-pad lot providing respite support for themselves and for the person they support. Carers will benefit from having the timely intervention and support of skilled professionals during periods where the needs/behaviours of the person they care for may escalate. Carers will benefit from having</p> <p><u>Data</u> Data from the 2011 Census indicated that there were 32,256 residents who classified themselves as a carer in Barnet in 2011.</p> <p><b>Table 9-2: Number of carers assessed by the primary support need of the cared for adult</b> Source: SWIFT – Adult Social Care Database</p> <table border="1"> <thead> <tr> <th>Client Category</th> <th>2011/12</th> <th>2012/13</th> <th>2013/14</th> </tr> </thead> <tbody> <tr> <td>Physical / Sensory Impairment (18-64)</td> <td>226</td> <td>248</td> <td>177</td> </tr> <tr> <td>Learning Disability (18-64)</td> <td>115</td> <td>171</td> <td>160</td> </tr> <tr> <td>Mental Health (18-64)</td> <td>164</td> <td>86</td> <td>126</td> </tr> <tr> <td>Other (18-64)</td> <td>7</td> <td>5</td> <td>5</td> </tr> </tbody> </table>	Client Category	2011/12	2012/13	2013/14	Physical / Sensory Impairment (18-64)	226	248	177	Learning Disability (18-64)	115	171	160	Mental Health (18-64)	164	86	126	Other (18-64)	7	5	5	NA										
Client Category	2011/12	2012/13	2013/14																														
Physical / Sensory Impairment (18-64)	226	248	177																														
Learning Disability (18-64)	115	171	160																														
Mental Health (18-64)	164	86	126																														
Other (18-64)	7	5	5																														

		Older Adults	1,820	1,669	1,480
		<b>Total</b>	<b>2,432</b>	<b>2,179</b>	<b>1,948</b>

**4. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact?** *Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)*

People’s individual packages of support will be reviewed through the annual review of their support plan, this will check quality of service provision and that this continues to reflect individual choice and needs

The performance of providers will be monitored through provider forums and regular monitoring meetings with Barnet’s Care Quality Service.

**Overall Assessment**

**5. Overall impact**

Positive Impact	Negative Impact or Impact Not Known <sup>2</sup>	No Impact
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Scale of Impact**

Positive impact:	Negative Impact or Impact Not Known	
Minimal <input type="checkbox"/>	Minimal <input type="checkbox"/>	
Significant <input checked="" type="checkbox"/>	Significant <input type="checkbox"/>	

**7. Outcome**

No change to decision	Adjustment needed to decision	Continue with decision <i>(despite adverse impact / missed opportunity)</i>	If significant negative impact - Stop / rethink
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>2</sup> ‘Impact Not Known’ – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.



**8. Please give full explanation for how the overall assessment and outcome was decided**

This initiative will have a positive impact on individuals as it will:

- Enable service users to have a varied range of person-centred options to support them to live well in the community and to develop their independence
- Provide a more personalised approach, working closely with individuals to match accommodation and support provision to their aspirations for a home, friends and good work
- Provide more specialised support to people with complex needs to enable them to live more independently in the community
- Given the positive impacts of all of the equality strands the decision was made to implement the proposal

This page is intentionally left blank

**London Borough of Barnet  
Adults and Safeguarding  
Committee Forward Work  
Programme  
June 2017 - May 2018**

Contact: Faith Mwende; Faith.Mwende@barnet.gov.uk  
02083594917

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
12th June 2017			
Annual Report on the Adults and Safeguarding Committee Commissioning Plan and Outcomes Measures	Committee to receive an Annual Performance Report, with reflections on the Commissioning Plan 2016/17.	Commissioning Director Adults and Health	<b>Non-key</b>
The Right Home: Strategic Commissioning Plan for Adult Accommodation and Support Services	Committee to receive a report on 'Right Home Strategic Commissioning Plan for Support'.	Commissioning Director Adults and Health	<b>Non-key</b>
My Time My Choice Strategic Commissioning Plan: Day Opportunities and Employment Support for Working Adult Social Care Clients	Committee to receive a report on 'My Time My Choice Strategic Commissioning Plan for day opportunities'.	Commissioning Director (Adults and Health)	<b>Non-key</b>
Market stability and the use of social care funding announced in Spring Budget 2017	A report on the use of social care funding announced in spring budget 2017,		<b>Key</b>
10th July 2017			

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
Adults and Safeguarding Performance Report including the Adult Social Care Local Account	Committee to receive a report on the Adults and Safeguarding Performance Report including the Adult Social Care Local Account.	Commissioning Director Adults and Health	<b>Non-key</b>
Statutory Adult Social Care Annual Complaints Report 2016/17	Committee to receive a report on information contained within the statutory Annual Complaints Report 2016/17.	Commissioning Director Adults and Health	<b>Key</b>
Business Planning	Committee to agree and consider proposals for adult social care and leisure in line with the Council's MTFS process.		<b>Key</b>
19th September 2017			
Barnet Multi-Agency Safeguarding Adults Board Annual Report 2016/17	<p>That the Committee note the information contained within the Draft Barnet Multi-Agency Safeguarding Adults Board Annual Report 2016-17 which is due to be approved by the Multi- Agency Safeguarding Adults Board on 21st July 2016 and will be published after this date.</p> <p>Committee to consider and comment on the safeguarding data</p>		<b>Non-key</b>

Title of Report	Overview of decision	Report Of ( <i>officer</i> )	Issue Type (Non key/Key/Urgent)
6th November 2017			
22nd January 2018			
5th March 2018			
Item(s) to be allocated			