BARNET
LONDON BOROUGH

Adults and Safeguarding Committee

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Title	**Business Planning**
Report of	Strategic Director for Communities
Wards	All
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Summary

The Adults and Safeguarding Committee has agreed to develop a five-year Commissioning Plan and savings proposals by December 2014. This report seeks to support the Committee as it begins to address this task, setting out suggested outcomes for the Commissioning Plan and identifying the major challenges for which this Committee will need to make commissioning decisions over the coming five years.

Recommendations

1. **That the Adults and Safeguarding Committee note this report and consider the outcomes and challenges outlined below and provide a steer to inform the development of the Commissioning Plan.**

1.   WHY THIS REPORT IS NEEDED

1.1   On 2 July 2014 the Adult and Safeguarding Committee noted the savings target allocated by the Policy and Resources Committee on 10 June 2010 and agreed to complete a Commissioning Plan and savings proposals by December 2014. This report seeks to support the Committee as it begins to address this task, setting out suggested outcomes for the Commissioning Plan and identifying the major challenges for which this Committee will need to make commissioning decisions over the coming five years.

1.2   Delivering sustainable adult social care services is an on-going challenge for all local authorities given the context of increasing demographic pressures and continuing fiscal austerity. The new Care Act received Royal Assent in May 2014 and introduces a host of new requirements which, in the context of financial constraints, necessitate a transformation in the way that social care services are delivered.

Vision and Outcomes

1.3   There are a number of sources that can help inform the commissioning priorities of the Committee. Local sources such as the Corporate Plan, the Outline Business Case for Integrated Care for Frail Elderly People, the Carers Strategy and the Health and Well Being Strategy have all identified aspirations for our residents and have, alongside national policy documents, informed the vision described below and the identification of key priorities and outcomes.

1.4   Our vision is that all adults will be given the opportunity to live well, age well and stay well. This means that all adults will feel safe and be safe in their environment. Financial constraints should not hinder the delivery of good outcomes for all. There will be a strong sense of community that supports personal growth and independence and an overall focus on early intervention and prevention with a reshaped specialist care offer for those that need it..

1.5   Our overall vision, therefore, could be summarised as to:
- Achieve more, with less.
- Move away from 'professionalised' models of care towards more community, home-based, peer-led models of support.
- Reinforce relationships   and community connections.
- Rebalance the model: orientate professionals towards prevention and early intervention for both carers and users; integrate community and peer groups into specialist care.
- Help providers, users and carers to be better at long-term planning, managing and supporting demand rather than rationing supply.
- Focus on the quality of relationships (between users and those who support them) and depth of our knowledge about users' needs and assets.

Priority	Key Outcomes
Safeguarding	Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk. Where people acquire vulnerabilities as they age, every effort is made to enable older people to remain in familiar surroundings, being cared for safely by people who know and love them.
Planning for Life	Working age adults and older people live a healthy, full and active life and their contribution to society is valued and respected. Working age adults and older people live in homes that meet their needs and are well connected socially. Older people have sufficient finances to meet the full range of their needs and are able to access advice to make sure they spend wisely.
Early Intervention and Prevention	Older people have timely access to diagnosis and are provided with the tools which enable them to manage their condition and continue to live a full life. Working age adults and older people know what is available to increase and maintain their well-being and independence and can obtain it when they need to. Working age adults and older people are well-connected to their communities and engage in activities that they are interested in, and which keep them well

| Person centred Integrated support | Working age adults and older people are able to access help when needed for as long as they need it.

Working age adults and older people are supported to get back on their feet when they have a crisis and to identify ways of preventing further crises.

Person centred support plans inform the delivery of support in the most appropriate place (usually someone's home or community) that best meets people's needs in the most cost-effective way possible.

Working age adults and older people have timely access to health and social care support that maintains independence and avoids of hospital admission or admission to residential care.

Working age adults and older people who have health or social care needs can still expect to live an independent life and have relationships based on reciprocity. |
|---|---|
| **Carers** | Carers are supported to continue caring for as long as they wish.

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

Families provide support to other families, sharing their experience of using certain services and what they have learnt from the process.

Carers are supported to achieve their ambitions whilst continuing to care. |

Challenges

1.6   There are a range of strategic challenges that need to be addressed in the Commissioning Plan to ensure that older people and working age adults with mental health needs, learning disabilities or physical disabilities are provided with the best possible support from the Council over the remainder of the decade, and beyond. Key challenges are posed by the need to work more closely with health colleagues to provide more integrated services and to implement the changes required by the Care Act. The Adults and Safeguarding Committee will be required to take decisions on approaches to address each of these challenges. The largest of these are summarised below:

Planning for Life

1.7   Planning for life initiatives help older people prepare for later on in their lives. The key challenge is that this is something that people often do not want to think about. Not only do people not plan ahead financially, but they also find it very difficult to think about how they might manage some of the frailties and conditions associated with older age. This means that older people often contact services in a crisis, unaware that they might need to pay towards the cost of care,[1] and sometimes this can be at a point where their choices are limited.

1.8   Planning for life will enable older people to be better prepared to meet the challenges ahead and it will mean that the Council, and its partners, can focus on meeting demand rather than rationing supply.

1.9   The areas in which planning can have a beneficial effect include employment, voluntary work, social and leisure activities, finance, housing, health checks, lifestyle checks and keeping fit and well.

1.10   The Council has currently invested £450,000 into Later Life Planning over 3 years. The service began in April 2014.

1.11   Despite the intuitive benefits of planning ahead for older people, there is a limited evidence base because of the time lapse and the difficulty in proving causality. The Committee will need to consider what level of investment the Council should make in helping all residents plan for their future or whether continuing a targeted segmented approach might be more beneficial.

Early intervention & prevention

1.12   Early intervention and prevention activities provide cost-effective ways of keeping older people well, independent and safe throughout their lives. By investing more in early intervention and prevention, people can have better lives and the Council and our health partners can save money on providing more intensive services. A new duty to provide services which promote well-being and prevent, delay or reduce the need for care will come into force in April 2015 for all social care client groups, alongside other new duties under the Care Act.

1.13   Central to this priority is the willingness of local residents to develop personal and community resilience and new models of support which build on residents' assets and relationships. There is already a significant amount of activity in this area, with neighbours helping each other and high levels of volunteering in the borough. However, this will require strengthening in order

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[1] Ipsos MORI's poll of Londoners in 2013, carried out on behalf of London Councils, shows that nearly three in five Londoners incorrectly believe they won't have to pay anything towards the costs of their old-age care. Fifty-eight per cent believe that should they need to use care and support services in the future these will be free.

to meet the challenges of the future as the Council begins to consider how to focus services on the most vulnerable residents. The Council will have a key role to play in enabling individuals and communities to take on more responsibility for well-being.

1.14   One of the key challenges for the Council shared with Barnet CCG - it is that of moving funding from existing service delivery, in particular residential and hospital based services to invest in enhanced prevention which keeps people well and independent. The Better Care Fund and the development of a 5 tier model to improve services for frail older people will help to support this. An analysis of the allocation of spend across early intervention and prevention, intensive support services and residential and nursing care in 2013 identified that only 2.78% of the total combined health and social care budget was allocated to early intervention and prevention related services. .

1.15   Examples of such services across the health and social care economy include falls prevention, dementia early intervention services, assistive technology, adaptations to homes, information and advice, activities to keep older people connected and engaged such as the Older Peoples' Neighbourhood Services. Over £3.4m were invested in these services by the Council in 2013-2014.

1.16   The key triggers for people requiring adult social care are poor health, inappropriate housing, carer breakdown (addressed later) and social isolation. Areas for potential further investment include ensuring people live in a home which meets their needs through increased advice and adaptations, giving good advice to people who may wish to consider lifestyle changes including retiring abroad , providing easy access to information about what activities are available, increasing telecare and funding self-management.

1.17   The Committee will need to determine the level of resource invested in early intervention and prevention and how best to target this resource. Work is on-going on a full-business case to inform decisions. This will be reported to Committee in October 2014.

0-25 model

1.18   The Commissioning Plan will need to consider how the work done during adolescence and young adult life can help to significantly improve outcomes into adulthood for people with disabilities. Many parents feel exhausted having to chase diagnosis and a label to qualify for support and relationships with the state are often strained. Many interventions are concentrated around assessments or crisis support, and less so in long-term planning. These circumstances can lead to rising frustration and anxiety about the future, fostering closer dependence on state services to maintain high levels of specialised support for their children, and creating isolation and difference rather than inclusion.

1.19   The Council has identified that it could work more effectively with adolescents with learning disabilities, their families and wider support networks to better enable growth and so reduce the on-going financial impact for the Council's adults social care budget. This will require effective working with families across adult and children's social care, education and health.

1.20   There are a range of opportunities for change including:

- **Empowering families and building their understanding**
  By providing families with training they can better understand their role in the planning process and what support they can expect from statutory services. This process equips families with the confidence to speak up about what they want to their child to achieve, and believe that they are qualified to participate alongside professionals in designing and buying in the support that will enable that.

- **Peer support**
  Families can provide support to other families, sharing their experience of using certain services and what they have learnt from the process. They can offer reassurance and share their insights on how to achieve the most with personal budgets.
  Partnering young people with learning disabilities with non-disabled peers to provide support and companionship in normal service settings helps to foster confidence and inclusion into wider friendship circles and promote confidence to lead a more independent life in the future.

- **Technology**
  New applications of technology can provide opportunities for families and service providers to work collaboratively. Apps and websites can enable young people and families to construct plans and share information in a way that suits them.
  The content can be updated regularly and can help celebrate successes and new achievements that can be shared across different settings. It tackles the inertia related with daunting long forms and irregular assessments.

- **Sharing assets**
  Assessments can focus on what a young person cannot do instead of celebrating their assets. By providing the relevant support for young people to do something they enjoy and make it accessible for other young people with disabilities to benefit from too fosters their confidence and builds the skills to participate in their wider community.

- **New models of support**
  Creating an approach that best joins up the work of education, social care and health.

1.21 There is a legislative driver for change as the Children and Families Act has required the local authority to prepare for a range of changes including the development of single health, education & care plans, expanded use of personal budgets, a clearly articulated and published local offer, and a strengthened focus on 0 – 25 year olds.

Person centred integrated care

1.22 The London Borough of Barnet and Barnet CCG are committed to developing an integrated care approach which places people and their carers at the heart of a joined up health and social care system that is built around their individual needs, delivers the best outcomes and provides the best value for public money.

1.23 The services that currently fall within this priority are subject to significant change as part of the drive to integrate services for frail older people and those with long term conditions, and to shift the focus of the service to prevention (see para 1.14) in line with the requirements of the Better Care Fund. In 2013, just over 35% of the combined health and social care budget for frail older people was spent in this area, with the majority being spent on hospital and residential services. Just under £18m of this spend was from Adult Social Care. These services include social work support, home support, enablement, therapies, intensive support and rapid response.

1.24 The principles that underpin this priority are that
- There is no wrong door – people will be able to get quick easy access to the care that they need
- People only tell their story once – care is co-ordinated and joined up by professionals
- Care is provided by professionals at the most appropriate place
- People are kept informed

1.25 In order to deliver this, the national expectation is that Councils and CCGs will work closely together to deliver change at scale and pace. The focus locally is on learning from the lessons of existing services, early pilots and developing shared access criteria, shared care records, a range of specialist and integrated multi-disciplinary teams and expanding services such as enablement which can respond quickly and flexibly to people and increase independence.

1.26 A significant proportion of this priority will be funded through the Better Care Fund – this is a ringfenced budget and is tied into evidencing delivering the integration at scale and pace. The challenge will be to do this whilst also

meeting growing demand for services within the context of reducing budgets across both organisations.

1.27 The Committee will need to be assured that the full business case which will be presented in October will meet this priority and agree the level of budget to be allocated.

Mental health

1.28 Adult mental health services across the NHS and social care are under considerable pressure. As the number of acute in-patient beds decreases, the pressure on social care budgets for adult mental health services now represents the fastest area of demand-led spend. There is a risk that social work is operating in the context of the containment model, with the social work task reduced to a care management role and securing placements to meet housing and support needs.

1.29 With social care services integrated into secondary care mental health services, specialist assistance and advice is not always readily available in the community for low level issues. This risks assistance only being provided following a crisis situation. There are opportunities to redefine the role of mental health social workers to focus on more protective factors located outside of a medical model and to provide independent challenge and review of support proposals for people with mental health needs.

1.30 Adults with a severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of worklessness, social isolation, poorer physical health and insecure housing arrangements all of which create demand on other elements of the state for support. Health and social care services have over time created dependency through not having the capacity or focus to work with the natural support systems and the capabilities that people through being part of their local community can bring to resolve their own problems and make their own sustainable support arrangements.

1.31 In some instances individuals are being placed in residential settings because of a lack of local supply of alternatives. There is scope to consider 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.

1.32 Mental health and substance misuse continues to be a key risk factor in respect of child development. The separation of adult mental health social work from children's social work can result in support and interventions not sufficiently joined up around a family. This can result in missed opportunities to put in place effective and sustainable safeguards to enable a child to thrive and remain with their family.

1.33   Councils need to ensure that there is an Approved Mental Health Professional workforce to discharge responsibilities under the Mental Health Act. However this needs to be a multi-disciplinary workforce, not reliant solely on social workers whose role needs to be broader and focused on social inclusion and recovery.

Working age adults with learning disabilities

1.34   Adults with learning disabilities make up 10% of those receiving a funded package of care from adult social care in Barnet but account for over 40% of care spend. Significant progress has been made over recent years in providing increasingly personalised packages of support and managing the increased demand from adults with very complex conditions living much longer lives.

1.35   The challenge the Committee faces in developing the Commissioning Strategy is to continue to find better, more community based approaches that enable people with learning disabilities to meet their needs at a lower cost. There are a number of ways in which this could be achieved, including:

-    Supporting individuals in residential settings to move into supported living.
-    Identifying more cost effective support packages for older people with learning disabilities
-    Developing a more creative support planning process for individuals living in the community, focusing on long term plans and meeting service users' needs at a lower cost. This could include a more effective use of technology.
-    Increasing employment for people with learning disabilities.
-    Changing the market, including the potential increase of personal assistants (at a lower cost than current service users)
-    Supporting families to thrive with individuals with learning disabilities remaining in the family home for longer.

Carers

1.36   The Care Act 2014 enhances the right of carers to access support to enable carers to both continue caring and to realise their personal ambitions. These objectives support the Council's commitment to increasing carer sustainability through developing a programme of targeted support which better equips carers to meet the challenges of those they care for.

1.37   The Commissioning Plan will need to consider what will significantly improve outcomes for carers and those they care for and what else could be done to achieve this. The Council has identified that it could work more effectively with carers, this could reduce the need for adult social care in some cases.

Workforce

1.38   As we begin to implement change the workforce will need to be reshaped and develop a different skill set. Key drivers for this will be the need to link more with community based resources to support and promote early intervention, prevention and independence at all stages in someone's care pathway; and the need to develop shared skill sets across health and social care.

1.39   The Commissioning Plan will need to include the need for a changed workforce both in terms of Council staff and tis will also need to inform commissioning strategies.

Safeguarding

1.40   During this period of significant change and financial austerity, the Committee will need to ensure that the savings agreed as part of the business planning process will protect sufficient resources to meet the Council's thresholds for quality and safety.

1.41   A sensible risk management approach needs to be employed when looking at developing community resources which balance the need to keep vulnerable adults safe with the desire to build ordinary lives and relationships.

2.   REASONS FOR RECOMMENDATIONS

2.1   This report is the first step in the process of agreeing a Commissioning Plan and a set of business planning proposals. Further work needs to be done by the working groups and Council officers to inform the corporate business planning process and the report to Policy and Resources Committee on 2 December 2014.

3.   ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1   N/A

4.   POST DECISION IMPLEMENTATION

4.1   Officers will work up opportunities for each of the areas set out in this paper, with the given steer of the Committee, and bring an update to the next Adults and Safeguarding Committee on 2 October 2014.

5.   IMPLICATIONS OF DECISION

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

5.1.1   In addition to continued austerity, demographic change and the resulting pressure on services poses a significant challenge to the Council. The organisation is facing significant budget reductions at the same time as the population is increasing, particularly in the young and very old population cohorts. Given that nearly two thirds of the Council's budget is spent on Adult Social Care and Children's Services, this poses a particular challenge as these services are predominantly 'demand led'. On 2 July 2014 the Adults and Safeguarding Committee noted the savings target of £12.6m allocated to the Committee by Policy and Resources Committee.

5.1.2   A further pressure that is unique for adult services is the Care Act 2014. The Care Act brings with it a significant number of new duties which will have a significant financial impact on social care locally. It is likely that there will be additional costs in the following areas:

- Providing more carers assessments
- Providing more carers services
- Providing more assessments for those funding their own care
- Arranging support for those funding their own care

Whilst the Universal Deferred Payment scheme is likely to be cost neutral, it will involve some of the local authority's capital being tied up in secured loans. There will also be a loss of income as a result of the cap on the costs that people will have to pay for care.

The preliminary financial impact assessment carries a significant number of caveats and assumptions. This analysis focuses on increased demand for assessment, care and support costs, the impact of other financial aspects will be presented to the Committee in October.

5.1.3   Further information will be presented to Adults and Safeguarding Committee in October 2014 on the financial impact of the Care Act.

5.2   **Legal and Constitutional References**

5.2.1   All proposals emerging from the business planning process be considered in terms of the Council's legal powers and obligations (including, specifically, the public sector equality duty under the Equality Act 2010) and, where appropriate, mechanisms put into place to ensure compliance with legal obligations and duties and to mitigate any other legal risks as far as possible.

5.2.2   Most of the new provisions of the Care Act will come into force in April 2015 and draft Regulations which will provide more detail on procedures are currently being consulted on. The Act introduces several new duties some of

which are referred to in the body of the report

5.2.3 Constitution, Responsibility for Functions, Annex A sets out the terms of reference of the Adults and Safeguarding Committee.

5.3 Risk Management

5.3.1 The Council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the organisation. Risk management information is reported quarterly to the Board and to Committees and is reflected, as appropriate, throughout the annual business planning process.

5.4 Equalities and Diversity

5.4.1 Equality and diversity issues are a mandatory consideration in the decision-making of the Council. The public sector equality duty is set out in s149 of the Equality Act 2010. This requires all decision makers including elected Members to satisfy themselves that equality considerations are integrated into day to day business and that all proposals emerging from the finance and business planning process have properly taken into consideration what impact, if any, there is on any protected group and what mitigating factors can be put in train. Due regard must be given to: the need to—
   (a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
   (b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
   (c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.4.2

5.4.3 The projected increase in the borough's population and changes in the demographic profile will be key factors that need to be considered when determining both the corporate strategy and service responses. Both of these need to also reflect the aspirations and contributions of current residents

5.4.4 Similarly, all human resources implications will be managed in accordance with the Council's Managing Organisational Change policy that supports the Council's Human Resources Strategy and meets statutory equalities duties and current employment legislation.

5.5 Consultation and Engagement

5.5.1 As proposals are developed in response to the challenges raised in this paper, an appropriate consultation and engagement plan will be developed and implemented. The work will be informed by the extensive consultation work that has been carried out already as part of the Priorities and Spending Review process.

5.5.2   Over the last twelve months the council has been reviewing its priorities and spending. To help inform the council's future long term spending plans the council commissioned the Office for Public Management (OPM), an independent research organisation, to run a comprehensive series of residents engagement activities to understand their priorities for the local area and look at how residents and organisations can support services going forward.

5.5.3   The engagement followed two phases:

Phase 1:
5.5.4   A series of resident workshops, service user and businesses focus groups last autumn.

5.5.5   The findings[2] provide a rich evidence base of residents' priorities, what residents value most, their ideas for generating income, and how local people can work together. As a result the council has been able to identify broad themes[3] based on residents' views and involvement which will be used to help focus the council's future long term spending plans.

Phase 2:
5.5.6   Between March and June 2014 OPM ran an online call for evidence to hear views of organisations, businesses and individual residents on the future of Barnet, how the council can ensure that public services best meet the needs of the borough, how the council can change and how organisations and individuals can play a part in meeting Barnet's challenges during this time. OPM has analysed the responses to the call for evidence on the council's behalf. This report presents the findings.

5.5.7   Evidence was sought on two main topic areas:
   - Ideas on the future of public services in Barnet, and how organisations and individuals can play a role in providing some of these services.
   - Ideas on how the council could be more entrepreneurial and generate more income.
5.5.8   A summary of the findings can be found in Appendix A and the full report is available at http://engage.barnet.gov.uk/consultation-team/call-for-evidence/consult_view

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[2] http://engage.barnet.gov.uk/consultation-team/call-for-evidence/user_uploads/phase-1--barnet-challenge-opm-summary-report.pdf

[3] http://engage.barnet.gov.uk/consultation-team/call-for-evidence/user_uploads/key-themes-identified-from-the-first-phase-of-consultation.pdf

6.   BACKGROUND PAPERS

6.1   Adults and Safeguarding Committee, 2 July 2014:
        Item 5: Adults and Safeguarding Committee Business Planning
        Item 6: Implementation of the Care Act 2014