



Adults & Safeguarding Committee 2 October 2014

| Title | Business planning | |
|-------------------------|---|--|
| Report of | Strategic Director for Communities | |
| Wards | All | |
| Status | Public | |
| Enclosures | None | |
| Officer Contact Details | Karen Ahmed, Later Life Lead Commissioner, 020 8359 5186, karen.ahmed@barnet.gov.uk James Mass, Family & Community Well-being Lead Commissioner, 020 8359 4610, james.mass@barnet.gov.uk | |

Summary

The Adults and Safeguarding Committee agreed to develop a five-year Commissioning Plan and savings proposals and this will be considered by the Committee on 20 November 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 agree the outcomes and commissioning intentions detailed in this report to inform the development of the Commissioning Plan.

1. WHY THIS REPORT IS NEEDED

1.1 On 2 July 2014 the Adults and Safeguarding Committee noted the savings target allocated by the Policy and Resources Committee and agreed to complete a Commissioning Plan and savings proposals by December 2014. This report builds on the outcomes reviewed at the meeting of 31 July 2014 to support the Committee as it addresses this task. It sets out suggested commissioning intentions for the Commissioning Plan, the intended impact of these and how they link to the strategic outcomes.

Outcomes

1.2 The outcomes reviewed at the meeting of 31 July 2014 were as follows:

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

| Person centred Integrated support | Older people are able to access help when needed for as long as they need it. |
|--------------------------------------|---|
| | Older people are supported to get back on their feet when they have a crisis and to identify ways of preventing further crises |
| | Older people have timely access to health and social care support that maintains independence and avoids the trauma of hospital admission |
| | Person centred support plans inform the delivery of support in the most appropriate place (usually someone's home or community) that best meets older people's needs in the most cost-effective way possible. |
| | 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 older people to live independent lives |
| | Carers are supported to achieve their ambitions whilst continuing to care |

Commissioning intentions:

- 1.3 Commissioning intentions have been developed for the following service components that make up the Adults and Safeguarding Committee's remit:
 - Adults with learning disabilities.
 - Adults with mental health needs.
 - Adults with physical or sensory impairments.
 - Older people: feeling well, enjoying life.
 - Older people: ageing well, high quality health and care services
 - Carers.
- 1.4 In addition, there are a number of cross-cutting intentions summarised in the final section.

1.5 Adults with learning disabilities.

| | Commissioning intention | Intended impact |
|---|--|---|
| 1 | Implement a 0-25 disabilities service that better brings together health, care and education. | Growth is enabled for young people with disabilities. Improved relationships between families and the local authority. Reduced cost to adult social care arising from lower care package costs for those transitioning. Some rebalancing of cost from expensive intensive provision to preventative and enabling services. |
| 2 | Increase the supply and take-up of supported living and independent housing opportunities supporting transitions from those currently in residential settings. | Improved outcomes for adults supported to live more independent lives. Reduced cost of care. |
| 3 | Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with learning disabilities to live more independently. | Improved outcomes for adults supported to live more independent lives. Reduced cost of care. |
| 4 | Improve the carer's offer and support planning process to ensure carers feel able to continue to support an individual for as long as they can. | Reduction in the number of carer breakdowns. Improved family satisfaction from sustaining the family environment. Reduced cost of care. |
| 5 | Stimulate the market to encourage providers who can effectively focus on enablement and development. | Improved outcomes for adults supported to live more independent lives. Reduced cost of care. |
| 6 | Develop the employment support offer for adults with learning disabilities and ensure there are sufficient employment opportunities available in the borough. | Increase the number of people with learning disabilities in work. Reduced cost of care. |

1.6 Adults with mental health needs.

| | Commissioning intention | Intended impact |
|---|--|--|
| 1 | The re-focusing of social care on recovery, social inclusion and enablement. This will require a phased transition from the current integrated services model with the mental health trust to enable both parties to focus on core competencies and develop effective partnership practice. A small number of social workers would be co-located with the Mental Health Trust to support effective crisis resolution and effective management of people subject to community treatment orders and section 117 | Stronger working with primary care. Redefined mental health social work role to provide a move away from delivery of the approved mental health professional (AMPH) role and care co-ordination to one which focuses on promoting recovery and social inclusion with individuals and families. Increased focus on social responses that safeguard and promote enablement / recovery. Increased focus on safeguarding. |
| 2 | Review delivery models to ensure that the social work service for working age people with mental health issues can best focus on the quality of services and strengthen the voice of both workers and service users. | We will have a model for social work which is rewarded to promote recovery, maximise inclusion and reduce long term care costs. This will require working co-productively and innovatively with local communities, primary care and housing providers to support community capacity, personal and family resilience, earlier intervention and active citizenship. Staff are effectively incentivised to ensure that their way of working achieves these outcomes. |
| 3 | Introduce a 'Consultant Social Worker' role to work with acute mental health services and children's social care. | - The role will provide independent review and challenge to support plans and proposed changes to ensure all appropriate support opportunities are explored and provided in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity. |
| 4 | Align social work delivery model with community development, whole family approaches and wider wellbeing, particularly focusing on tackling social exclusion and worklessness. | - Working more closely with other public sector agencies such as Job Centre Plus will provide a clear pathway to support people with mental health problems back into work. |

| | Commissioning intention | Intended impact |
|---|--|---|
| | | The social work delivery model could be jointly commissioned by DWP to ensure people are work ready and supported back into work. |
| 5 | Increase the range of sustainable accommodation options for people with mental health problems in conjunction with the NHS. | - There is a compelling evidence base that where we live has a significant impact on our mental health. For the NHS, inadequate access to housing increases costs and demand for acute services. Supported housing for people with a mental illness could benefit the NHS year in and year out to a suggested annualised return of investment of 7% when compared to inpatient care or residential provision. |
| 6 | Promoting mental well-being and reducing stigma through establishing joint commissioning of social care with public mental health provision. | Including mental health within the preventative agenda as an equal to physical health, and targeting support at those with known risk factors, will create reduced demand and allow earlier intervention. |

1.7 Adults with physical or sensory impairments.

| | Commissioning intention | Intended impact |
|---|--|---|
| 1 | Implement a 0-25 disabilities service that better brings together health, care and education. | Growth is enabled for young people with disabilities. Improved relationships between families and the local authority. Reduced cost to adult social care arising from lower care package costs for those transitioning. Some rebalancing of cost from expensive intensive provision to preventative and enabling services. |
| 2 | Increase the supply and take-up of supported living and independent housing opportunities supporting transitions from those currently in residential settings. | Improved outcomes for adults supported to live more independent lives. Reduced cost of care. |
| 3 | Develop a more creative and cost effective review and support planning process. Ensure that this considers | Improved outcomes for adults supported to live more independent lives. |

| | Commissioning intention | Intended impact |
|---|--|--|
| | how technology can enable people with learning disabilities to live more independently. | - Reduced cost of care. |
| 4 | Commission an integrated health and social care service for those with long term conditions. | Working age adults with long term conditions receive a seamless service that fully meets their needs in a timely way and in the best location. |
| 5 | Commission high quality flexible specialist home support services including personal assistants. | Working age adults with a disability receive specialist help at home that meets their needs. |

1.8 Older people: feeling well, enjoying life

| | Commissioning intention | Intended impact |
|---|--|--|
| 1 | To develop improved information, advice and planning services | Older people are able to obtain good advice and support at key transition points which helps them plan for the future |
| 2 | To promote digital inclusion, assistive technology, equipment, adaptations | Older people are aware of the full range of help that can enable them to stay in control of their own lives |
| 3 | To increase social networks and community connections | Older people play an active and valued part in their communities and are able to give and receive help when needed |
| 4 | To commission and influence the development of opportunities for older people to continue working or offer mentoring | Older people are economically active for as long as they want to be. Older peoples' skills are valued and contribute to local economic development |
| 5 | To develop a joined up prevention offer which is easy to recognise and use | Older people are able to make best use of community resources and social networks to help live life to the full |
| 6 | To commission the best delivery vehicle possible to support older people who need a little bit of help. | Older people are able to access extra help when they need it to help stay independent and for as long as they need it. This help keeps people connected to their local communities instead of becoming dependent upon services |

1.9 Older people: high quality health and care services

| | Commissioning intention | Intended impact |
|---|--|---|
| 1 | Commission an integrated health and social care service for frail older people and those with long term conditions. Consider alternative models of delivery to ensure best fit. | Older people receive a seamless service that fully meets their needs in a timely way and in the best location |
| 2 | Increase housing choices for older people where the existing accommodation is not suitable | Older people remain living in the community for longer , reducing inappropriate use of residential care |
| 3 | Commission high quality flexible specialist home support services including personal assistants | Older people receive specialist help at home that meets their needs |
| 4 | Increase the use of enablement services for all older people | Older people are supported to be as independent as possible at key points in their lives |
| 5 | All support plans will increase the ability of older people to access community resources and social/family networks | Older people remain connected to their communities rather than separated as a result of receiving services |

1.10 Carers

| | Commissioning intention | Intended impact |
|---|---|--|
| 1 | To prioritise meeting the needs of carers, including young carers, through the assessment and support planning process. | Carers feel supported in their role and can continue caring for as long as they wish. Reduced cost pressure on ASC arising from carer breakdown |
| 2 | To strengthen the current carers' support offer e.g. assistive technology, intensive support for carers of people with dementia. | - Carers feel supported in their role and can continue caring for as long as they wish |
| 3 | To better support carers to balance work and caring commitments. Local small businesses know how to retain carers in their workforce. | - Carers are able to continue both working and caring |

1.11 Cross-cutting

| | Commissioning intention | Intended impact |
|---|---|--|
| 1 | Ensure that the voice of people who use adult social care and carers contributes to the design and delivery of services. | - Services that better meet the needs of local people. |
| 2 | Promote and maintain the quality and consistency of social work. Ensure that the workforce development programme is focused on strengthening the quality and consistency of practice. | Maintain the safety of vulnerable adults. High quality decision making. Effective working with individuals and their families / carers. Improved staff retention. |
| 3 | Constrain inflationary pressure on procured goods and services to 0.5% from 16/17 – 19/20. | - Avoidance of cost pressures from third party spending. |
| 4 | Identify measures to reduce the cost of the workforce employed by LBB. | - Achieve workforce efficiency savings. |
| 5 | To adopt new policies on eligibility, contributions and deferred payments. | Compliance with requirements enacted by the Care Act. Greater ability for individuals to delay asset sales through use of deferred payments. |

2. REASONS FOR RECOMMENDATIONS

2.1 This report is a 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 bring a paper on the Commissioning Plan to the next Adults and Safeguarding Committee meeting on 20 November 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'.

5.2 Legal and Constitutional References

- 5.2.1 All proposals emerging from the business planning process will need to be considered in terms of the Council's legal powers and duties and mechanisms put into place to ensure compliance with legal obligations and duties both current and set out in the Care Act 2014 when those proposals are brought into effect..
- 5.2.2 The responsibilities of the Adults and Safeguarding Committee are contained within Annex A of the Constitution Responsibility for Functions.
 - Ensuring that the local authority's safeguarding responsibilities are taken into account;
 - Promoting the best possible adult social care service

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 All proposals emerging from the business planning process will need to be considered in terms of including, the public sector equality duty under s149 of the Equality Act 2010
- 5.4.2 Equality and diversity issues are a mandatory consideration in the decision-making of the Council. This requires 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.
- 5.4.3 Consideration will be given to developing Equality Impact Assessments when proposals are being formulated.
- 5.4.4 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
- 5.4.5 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.

6. BACKGROUND PAPERS

- 6.1 Adults and Safeguarding Committee, 2 July 2014. Item 5 Business Planning
- 6.2 Children, Education, Libraries and Safeguarding Committee, 31 July 2014. Item 7 Business Planning