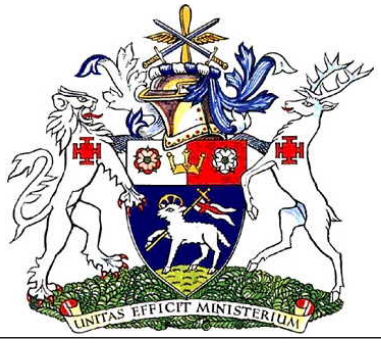
	**Adults and Safeguarding Committee** **6 March 2017**
Title	**Update on adult social care alternative delivery model**
Report of	Commissioning Director, Adults and Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Annex A: Section 75 agreements covering adult health and social care in Barnet.
Officer Contact Details	Joanne Humphreys, Project Lead, Commissioning Group joanne.humphreys@barnet.gov.uk; 020 8359 3311

Summary

In September 2016 the Adults & Safeguarding Committee agreed to the continued development of two adult social care delivery vehicle options: a reformed in-house service and a shared service with the NHS. This paper provides an update on the development of those two options, including:

- Development of the reformed in-house service option through continued implementation of the new operating model.
- Development of the NHS shared service option.

Recommendations

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

1. WHY THIS REPORT IS NEEDED

1.1 On 26 January 2015, the Adults and Safeguarding Committee agreed that Barnet's model for delivering social care needed to be transformed and approved the initiation of a project to consider alternative delivery models for adult social care (ASC).

1.2 On 12 November 2015, the first output of this project, a proposed new operating model for ASC, was presented to the Committee. The new operating model is based on a vision of shared responsibility between the state, the community and the person. By helping people to stay healthy and well, supporting them to regain their independence after illness or injury, and encouraging them to make greater use of community resources, the new operating model aims to reduce demand for Council-funded care and support. Following public consultation, the new operating model was approved by the Committee for immediate implementation.

1.3 The new operating model was developed following extensive best practice and innovation research; and with the input of national advisors such as the Chief Social Worker (adults) for England. It was co-developed with input from Barnet ASC service users and carers and local voluntary sector organisations. The Barnet new operating model has been identified as a model of good practice nationally by the national forum for personalised care, TLAP ("Think Local Act Personal"), and the national association of directors of adult social services, ADASS. It was also recognised as a good practice model in the national social work awards.

1.4 On 7 March 2016, the second stage of this project provided the Committee with an initial evaluation of alternative delivery vehicles for ASC, following which three were shortlisted for further investigation: a reformed in-house service; a shared service with the NHS; and a public service mutual organisation.

1.5 Following further analysis and a period of public consultation, the Committee considered a revised business case appraising the three shortlisted options on 19 September 2016. Changes in the NHS landscape at this time, including the national policy requirement for NHS health commissioning and healthcare providers to develop five year Sustainability and Transformation Plans (STPs), prevented detailed appraisal of the NHS shared service option. Based upon feedback from the public consultation and the conclusions of the revised business case, the Committee agreed that the public service mutual option would not be considered further, and that the other two options (reformed in-house service and a shared service with the NHS) would be further developed.

1.6 Since the Committee decision on 19 September 2016, the two shortlisted options have been progressed through the following workstreams:

- The reformed in-house service option has been developed through implementation of the new operating model.
- Options appraisal for a NHS shared service has been carried out.

1.7 The Committee paper of 19 September 2016 proposed that a progress report on the NHS shared service option and the reformed in-house option would be presented to the Committee in March 2017.

1.8 The changes in the NHS landscape, that prevented detailed appraisal of the NHS shared service option in September, are continuing. The Council's interactions with local NHS partners have focused upon development of the North Central London STP and development of local implementation plans for key STP initiatives such as the development of care closer to home. At the same time, significant changes have been taking place among North Central London Clinical Commissioning Groups (CCGs), with the establishment of a single accountable officer and executive team for the five CCGs of Barnet, Camden, Enfield, Haringey and Islington. While work to establish how the STP and the new CCG arrangements will be governed and delivered is in progress, it has not been possible to work with NHS partners to develop a final business case for a NHS shared service. This paper instead provides a progress update on each of the workstreams above as requested by the Committee.

2. REASONS FOR RECOMMENDATIONS

<u>Development of the reformed in-house service option</u>

2.1 The new operating model is at the heart of achieving the Council's commissioning plan for ASC. The Council's commissioning plan, which is the subject of a separate report to this Committee meeting, sets out a vision where people with ASC needs are supported to stay independent, in their own homes, and active in the community, through social and employment activities. At the same time, the vision seeks to create a sustainable, safe and high quality social care system in Barnet, through the development of new services and technology that enable independence and social inclusion. Over the last three years, the Council has created new services that enable people to stay more independent and active, such as: new information, advice and prevention services; community dementia services; employment support services; mental health enablement; new and increased telecare; increased direct payments; and a range of alternatives to residential care. On-line information and self-service tools are being implemented to make it easier for users and carers to identify ways to stay independent. This wide range of new services and the strength-based approach of the new operating model for

social work practitioners are the two essential components that deliver the commissioning plan vision, by working in tandem.

2.2 The new operating model is a way of supporting people that encourages individuals to recognise their strengths and identify the support that their family, friends and the local community can give them. It requires fundamental changes to what ASC practitioners do and, even more importantly, to how they do it. Practitioners are asked to take a different approach to their work and apply new ways of thinking, new skills and new behaviours. The Council is also working differently with community and voluntary organisations, involving them as partners in the new operating model.

2.3 The new operating model is being delivered through:

- Implementing Strengths-Based Practice (SBP) to replace other social work practice models. This is a key change to how ASC practitioners work. Applying SBP means having different conversations with people that focus upon uncovering an individual's strengths and resources, and then working with them to identify how they can apply those strengths and resources to addressing their problems and challenges. Success measures for the approach include the degree to which support goals can be achieved without statutory needs assessments or support plans.

  The strengths-based approach means working in a way where ASC practitioners support people to put in place these alternative supports and develop their own approaches to meeting their goals. It involves much closer working with the voluntary and community sector (VCS) to implement support for people and also making connections for people into the wider community. Success measures for the approach are therefore the degree to which people with ASC needs can meet their goals without involving traditional care services.

- Creating ASC assessment hubs, called Care Spaces, which replace the practice of home visits, except for those who continue to need them. By welcoming people into venues not obviously identifiable as "Council buildings" we encourage staff and visitors to think more creatively about solutions other than traditional Council-funded care, and set a positive expectation that the person (and not the Council) is "in the driving seat" for their own wellbeing. Over the last year, a significant increase in work with ASC users has taken place in the hubs. In addition, the hubs act as information points for people with social care needs, where ASC practitioners can facilitate links to the VCS and wider community. VCS are part of the development of the hubs. Two hubs are now operational in Barnet, with a third due to come into operation by summer 2017.

- The Barnet Mental Health Enablement Pathway, which applies the new operating model to people with mental health problems. People are enabled to take control of their lives through building stronger social relationships; developing the skills they need for living and working, and finding a suitable and stable place to live. This model is being developed through the expansion of the Barnet Mental Health Network service, where case evidence shows that individuals are finding employment and reducing their reliance on mental health services.

Strengths-Based Practice (SBP) implementation

2.4 The SBP Learning & Development Programme was developed through numerous co-design sessions with frontline practitioners. It was initially piloted with a cohort of 13 practitioners in May-June 2016. The role of this group was to trial and test the approach as well as highlighting issues and concerns. Using the learning from this pilot phase, an improved approach was developed. The programme was then rolled out to a further five cohort groups in the period September 2016 – January 2017. The cohort groups brought together practitioners from different ASC teams to work creatively together to produce tools, share ideas and learn collectively. Each cohort followed an eight week programme, consisting of six core learning days, five small group coaching sessions and two reflective learning sessions. Learners were required to evidence at least three strengths-based case studies demonstrating how they had put their learning into practice. People with ASC needs have been part of the programme, training and guiding ASC practitioners.

2.5 In addition to developing the behavioural and technical skills required for effective SBP, practitioners have worked together to:

- Produce a clear SBP narrative to establish a shared understanding of what SBP means.
- Introduce “HeadSpace”, a creative thinking space and resource library.
- Design and publish over 30 practice tools.
- Launch a monthly SBP newsletter to share successes and further increase awareness of SBP.

2.6 By the end of January 2017, 94 staff members (equating to 86% of the populated establishment) had completed the programme. A measurable shift in understanding has been documented, with 83% of practitioners stating they ‘definitely’ understand SBP and how to use it, compared to an original baseline of 6%. The impact is also noted through 78% of practitioners now stating that ‘talking about an individual’s strengths’ is of high importance within the assessment, compared to the baseline of 33%. As expected, the converse

conversation topic is also of note with 82% of practitioners now stating 'talking about the services that the Council can provide' as low importance, versus the baseline of 46%. To ensure that SBP is embedded across ASC, support staff in the Adults and Communities Delivery Unit have also been trained; supervision models are being developed to incorporate SBP; and the ASC quality assurance programme, including case file audits, has been refreshed to ensure it is measuring and assuring SBP. The tools and templates in Mosaic, the new ASC case management system, have also been developed to facilitate SBP.

Care Spaces (ASC assessment hubs)

2.7 Two Care Space hubs are now operational: one at the Ann Owens Centre in East Finchley and the second at the Independent Living Centre in Colindale. Both locations are multi-purpose venues that are well-known to the local communities who use them. They are not Council buildings and do not look or feel like Council buildings. ASC assessments and reviews are carried out from these hubs and the hubs also offer information and advice on support services available in the local community, and a range of activities to support older people and people with physical disabilities to maintain their health, wellbeing and independence. The hubs offer a combination of appointments and drop-in sessions, run by Council staff and supported by staff and volunteers from VCS organisations including Barnet Carers Centre, Barnet Citizens Advice Bureau and Inclusion Barnet. A third hub is in development, to be launched in summer 2017.

2.8 Working in a joined-up way with Barnet's VCS organisations is a key principle of the new operating model. The VCS Community Directory, which is being delivered through the Council's Community Participation Strategy, is a searchable database of voluntary groups, organisations, social clubs, charities and social enterprises that are based, or operate in Barnet. This database, combined with practitioners' own knowledge of community activity across the borough, helps practitioners to connect people to community resources that can help them to achieve the outcomes they want in ways that strengthen their connections with their communities. Other connections are also being made through Ageing Well/Altogether Better neighbourhood activities; the Barnet Neighbourhood model; and the CCG's mental health wellbeing hub.

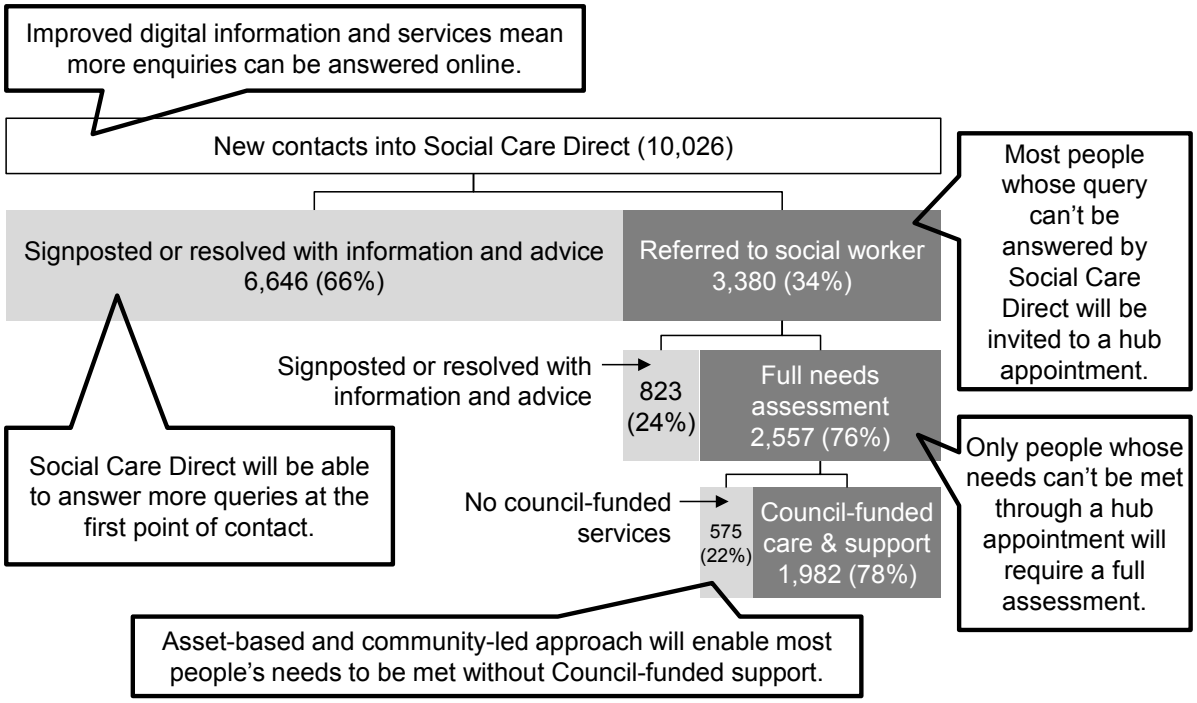
Barnet Enablement Pathway for Mental Health

2.9 The Barnet Enablement Pathway has been developed to meet the social care needs of people who develop mental health problems as well as providing an integrated service with key partners. Working in a strengths-based way, practitioners concentrate on supporting people with key social needs, which may be impacting on their mental wellbeing. Research shows that people with

a mental health issue are at a higher risk of unemployment, homelessness and breakdown of family relationships. Concentrating resources at the front end of people's mental health journey alleviates some of these risks. By delivering the right support at the right time and supporting the choices, goals and needs of the service user, practitioners can help to increase the resilience and self-management of people with mental health problems and their families. This reduces and prevents the need for more intensive social care services. Following a formal period of consultation with staff, on 6 December 2016 the Council's General Functions Committee approved changes to the workforce and structure of the Adults and Communities Mental Health service, in order to reflect this new enablement and social care model of mental health.

Strength based practice success criteria

2.10 The following diagram shows the "flow" of people contacting Social Care Direct with ASC enquiries in 2014/15, and indicates the main ways in which the new operating model is changing this flow:



2.11 A method for measuring this flow of demand through the ASC service has been developed and these measures are now reported to the Adults and Health Commissioning Director on a monthly basis. The key measures are:

- The proportion of new contacts that are referred by Social Care Direct to the ASC service.
- The proportion of referrals that are resolved through an appointment at one of the Care Space hubs.

- The proportion of ASC referrals that result in a full needs assessment.
- The proportion of full needs assessments that result in a Council-funded ASC service.

2.12 This is the first year in which data has been collated and monitored in this format during the year in question. Therefore the data produced through this report is closely monitored and reviewed to identify any data quality issues and to allow the Council to set an accurate baseline for the future. The report will continue to evolve and develop as the new operating model and demand modelling work progresses.

2.13 Data collected to-date shows that the new operating model is having a positive impact. For example, 20% of referrals to the ASC team are now being met through an appointment at a Care Space hub (433 appointments) instead of a home visit, an increase from 8% in 2015/16 (66 appointments). A comparison of the proportion of assessments which resulted in a funded service based on a 12 month rolling average shows that the implementation of strengths-based practice has reduced the proportion resulting in a funded service by 4% to-date. At the same time, satisfaction with ASC has remained consistent, with no increase in complaints.

2.14 The Council will continue to collect and monitor data in order to monitor trends and improve the effectiveness of the dataset and the new operating model.

Development of the NHS shared service option

2.15 The Council already works closely with local NHS partners to deliver joined-up adult health and social care services, operating a number of integrated services and shared pathways. However, there is a lot more that can be done to deliver the benefits of integrated care at scale, and to develop new models of care that incentivise optimal behaviours, activity and resource allocation across adult health and social care.

2.16 There are many different structures through which ASC and health organisations can work together to integrate services, ranging from loose agreements that align services without integrating them, to full structural integration. The following shared service approaches have been identified as appropriate routes for further investigation, to deliver the new operating model:

- **Section 75 agreements**[1] allow local authorities and NHS organisations to create pooled (shared) budgets. This allows resources and management structures to be integrated and functions to be reallocated between partners. Section 75 agreements are well-established across local government. Annex A of this paper lists the existing Section 75 agreements covering adult health and social care in Barnet that are currently in operation between the Council and its NHS partners. Under a large scale Section 75 for the ASC function there would be management efficiencies, opportunities for better information sharing and there could also be increased investment in ASC as a more cost-effective alternative to NHS in-patient services.
- **Accountable Care models** (AC) bring together a number of providers to take responsibility for the cost and quality of care for a defined population within an agreed budget. The key principles are a single pathway for the service user, supported by unified budgets, payment mechanisms, performance incentives and shared risk management. Accountable care can take different forms ranging from fully integrated models to looser alliances and networks of hospitals, medical groups and other providers. Emerging evidence suggests AC can be an effective way of responding to local needs, embedding and incentivising preventative interventions, and overcoming fragmented responsibilities for commissioning and providing health and social care.

2.17 The Council has held a number of meetings with a group of organisations including the Royal Free London NHS Foundation Trust, NHS Barnet Clinical Commissioning Group; Barnet, Enfield and Haringey Mental Health NHS Trust; Central London Community Healthcare NHS Trust and the Barnet GP

[1] Legally provided by the NHS Act 2006.

Federation (the constituent body for GPs as providers of health care, as opposed to their commissioning responsibilities as CCG members), to explore the NHS shared service option.

2.18 The group has developed principles for accountable care:

- Be built around the person with no boundaries and no gaps.
- Provide a simplified, joined-up customer journey and improved outcomes for people.
- Join up the funding, the workforce and the outcome measures across organisations.
- Align resources and behaviour through a contracting and budgeting approach that incentivises early intervention and prevention.
- Be a whole system approach that is built around community teams rather than specialist teams.

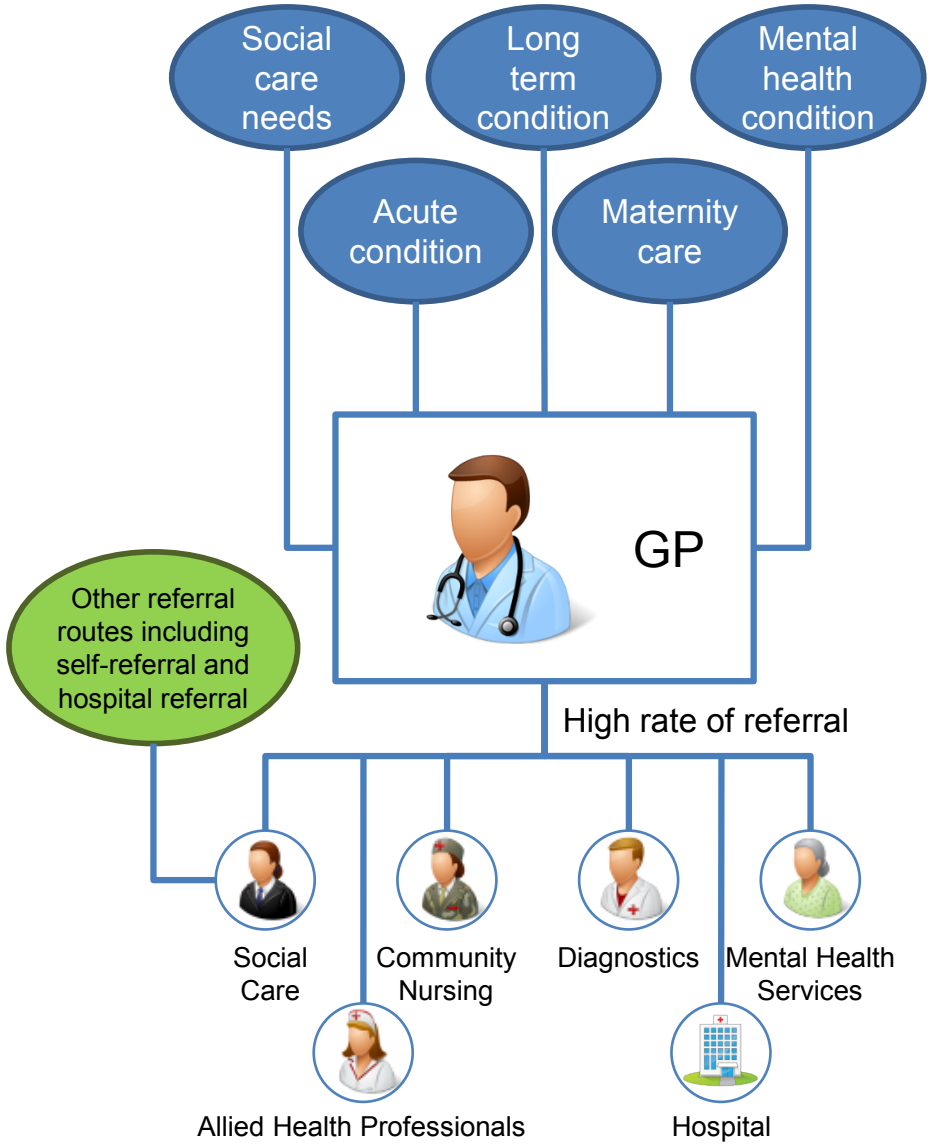
2.19 An approach known as “Primary Care Home”, which is a type of AC, has been identified as a model through which these priorities could be delivered. The key features of Primary Care Home (PCH) are:

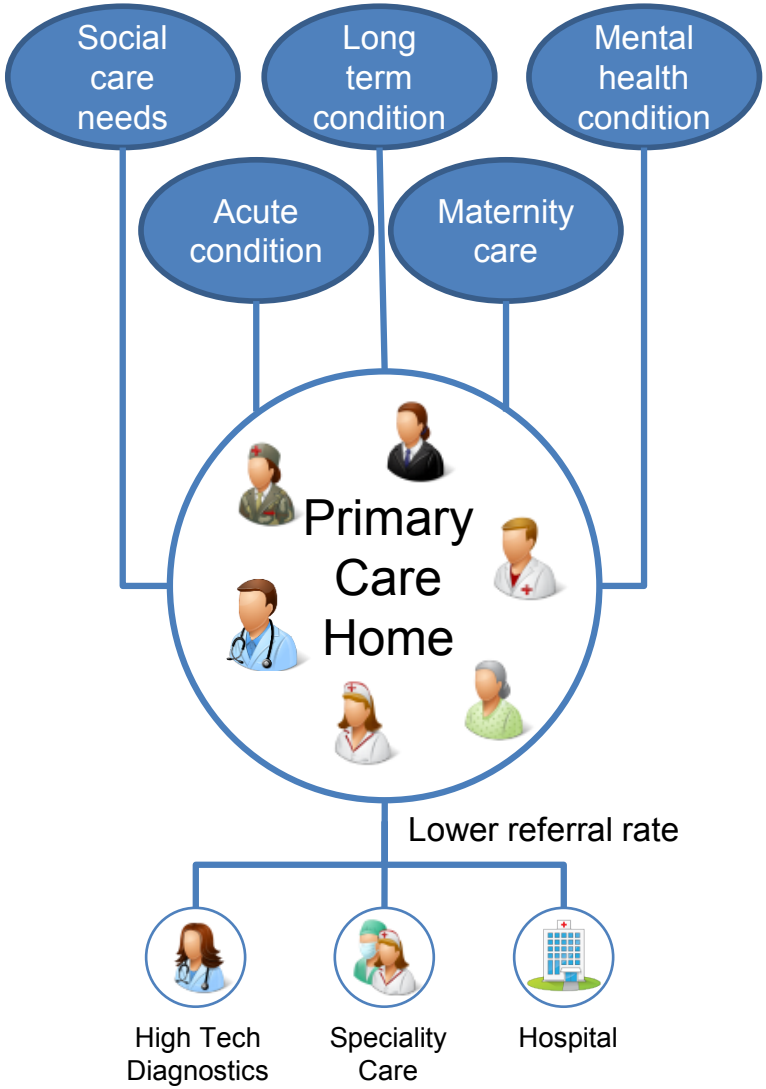
- Each “home” provides care to a defined, registered population of between 30,000 and 50,000.
- A single pooled budget with appropriate shared risks and rewards.
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care.
- A combined focus on personalisation of care with improvements in population health outcomes.

2.20 In the model, each PCH has its own integrated multi-disciplinary team, including primary care, social care, community nursing and mental health practitioners. Optometry, dental, pharmacy and preventative services, and care and support provided by the community and voluntary sector could also become part of the PCH model. Working at this scale ensures everyone within the team knows everyone else. People using the service receive a more personalised and consistent experience of care.

2.21 Each PCH receives a population-based capitated budget, based upon population size (taken from the number of people registered with GP practices within the PCH), the needs of the population and the scope of responsibilities within the contract. Within this each PCH would have the autonomy and flexibility to respond to local needs.

Comparison of the current model of healthcare with the Primary Care Home model





2.22 PCH was one of the new models of care put forward in the NHS Five Year Forward View, published in October 2014[2]. The NHS Federation and the National Association of Primary Care launched the PCH programme in October 2015 and 15 "rapid test sites" (including the London Borough of Richmond-Upon-Thames) are developing plans to implement PCH trials.

2.23 The PCH model is fully aligned with the principles of the key national and local policy commitments around health and social care integration, including:

a) The Better Care Fund (BCF) programme, a national initiative that requires local areas to move towards a single pooled budget to support health and social care services to work together more closely in local areas.

b) Barnet's local BCF programme, consisting of the Barnet Integrated Locality Team (BILT), rapid care, risk stratification, single point of access and 7 day services. The PCH model is a coherent further development to achieve improvements at scale.

c) The Council's business case for health and social care integration (approved by Council in November 2014) which sets out a single shared approach to integrated health and social care for frail elderly people and those living with long term conditions in Barnet.

d) The announcement in the Government's Comprehensive Spending Review of November 2015 that each part of the country will be required to develop plans for the integration of health and social care services in 2017, to be implemented by 2020.

e) Core principles and work programmes of the draft North Central London STP – bringing care closer to home; partner organisations will "work in a new way as a whole system; sharing risk, resources and reward" and "health and social care will be integrated as a critical enabler to the delivery of seamless, joined up care."

2.24 The Council and the other organisations listed above will continue to explore how both Section 75 and AC approaches could be applied in Barnet, and a further report will be brought to the Adults & Safeguarding Committee at a future meeting to set out progress in these areas. The group of organisations are exploring how AC approaches could be tested in Barnet, subject to appropriate decision making and agreement by each organisation.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The alternative delivery model project has considered the full range of alternative delivery vehicles:

[2] Described in that document as a "multi-speciality community provider model".

- In November 2015 the Committee agreed that the option of continuing to provide ASC through an unreformed in-house service would lead to a situation of increasing risk, both financial and in terms of safety, as unit costs of care were driven lower and risk of considerable overspend increased. Therefore this option has not been considered further.
- In March 2016 the Committee approved a recommendation that the options of a partnership outside the public sector (including a joint venture or an outsourcing arrangement) and transferring the in-scope services to The Barnet Group (the Council's Local Authority Trading Company) should not be considered further.
- This was followed by a Committee decision in September 2016 that the public service mutual option would not be considered further.
- The two remaining options - a reformed in-house service and a shared service with the NHS – are still under consideration.

4. POST DECISION IMPLEMENTATION

4.1 Further progress reports will be presented to the Adults & Safeguarding Committee to provide:

- A further update on the implementation of the new operating model, including success measures, quantifying the impact that the new operating model is having upon demand for Council-funded services.
- Findings from further consideration of both Section 75 and AC models and proposals for their further development.
- At the appropriate time, a recommendation for a single delivery vehicle option.

5. IMPLICATIONS OF DECISION

Corporate Priorities and Performance

5.1 Successful implementation of the Commissioning Plan, of which this work is part, will help to support and deliver the following 2015 – 2020 Corporate Plan objectives for health and social care services:

- To make a step change in the Council's approach to early intervention and prevention as a means of managing demand for services.
- To remodel social care services for adults to focus on managing demand and promoting independence, with a greater emphasis on early intervention.
- To implement the Council's vision for ASC, which is focused on providing personalised, integrated care with more residents supported to live in their own home.

- To fully integrate social care commissioning with health services, helping the NHS manage the huge costs of A&E and hospital admissions through greater provision of primary and community care.

5.2 This approach is consistent with the Joint Health and Wellbeing Strategy 2016-2020 which sets out a vision that includes providing a shared vision and strategic direction across partners; continuing emphasis on prevention and early intervention; developing greater community capacity; increasing individual responsibility and building resilience; and joining up services so residents have a better experience.

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

5.3 The Council's net revenue budget for Adults and Communities (including staffing costs, supplies and services, payments to external suppliers and client contributions) is £86.8m in 2016/17. The current estimated budget for 2017/18 is £87.1m.

5.4 The alternative delivery model project has a savings target of £1.31m between 2018/19 – 2019/20 (£654,000 per annum in 2018/19 and 2019/20).

5.5 Through this work we have begun modelling the impact the implementation of the new operating model is likely to have on current and projected future demand on service spend. We continue refining this view to ascertain required measures to deliver the MTFS savings assigned to ASC for the financial years of 2017/18-2019/20. The new operating model is a critical component in the practice model reducing demand for funded social care.

5.6 A total budget of £1.26m for the alternative delivery model project was approved by the Council's Policy & Resources Committee on 16 February 2016, to be funded from the Transformation Reserve Fund. This budget includes the cost of implementing the new operating model and the resource required to consider Section 75 and AC models for a future recommendation on a single delivery vehicle option.

Legal and Constitutional References

5.7 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution – Section 15 Responsibility for Functions (Annex A). Specific responsibilities for those powers, duties and functions of the Council in relation to Adults and Communities include the following specific functions:

- Promoting the best possible ASC services.

- Working with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare, and promote the Health and Wellbeing Strategy and its associated sub strategies.
- Ensuring the Council's safeguarding responsibilities are taken into account.

5.8 The Care Act 2014 permits increased flexibility to Councils to delegate services and responsibilities to other parties, in comparison with previous legislation. This is contained in section 79 of the Act. Subsection 2, section 79 specifically excludes the following: promoting integration with Health; cooperation; charges; safeguarding adults at risk; and powers contained within section 79.

5.9 When making decisions around service delivery, the Council must consider its public law duties. This includes its public sector equality duties and consultation requirements as well as specific duties in relation to ASC.

Risk Management

5.10 The project has been and will continue to be managed within the Council's risk management framework.

Equalities and Diversity

5.11 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.

5.12 The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

5.13 The broad purpose of this duty is to integrate considerations of equality into day to day business and to keep them under review in decision making, the design of policies and the delivery of services.

5.14 An initial equalities impact assessment (EIA) of the proposed new operating model was completed in October 2015 and included as part of the strategic outline case presented to the Adults and Safeguarding Committee on 12 November 2015. The EIA showed "no impact anticipated" for residents and service users and "impact unknown" for staff. This EIA was reviewed in February 2016 and no requirement to update it was identified. The EIA was then reviewed and updated in August 2016, following completion of public consultation on the proposed new operating model and the delivery vehicle options. The EIA was reviewed again by the lead officer in February 2017 and no further requirement to update it was identified.

5.15 The equalities impact on service users and residents is still recorded as "no impact anticipated" at this stage, and the impact on staff is still recorded as "impact unknown". This will be reviewed as set out below.

5.16 The remaining two shortlisted delivery vehicle options are unlikely to have an equalities impact upon ASC service users because both options are structures through which the new operating model would be delivered. However, not enough is yet known about how the NHS shared service option would be implemented to say for certain that choosing this option will not have an equalities impact upon service users. Therefore the potential impact on service users will be reviewed prior to submission of the updated business case.

5.17 The NHS shared service option would affect Adults and Communities Delivery Unit employees, with reference to which organisation employs them, and potentially their terms and conditions of employment and their job roles. However, not enough is yet known about how this option would be implemented to be able to say which staff would be affected and in what ways they would be affected. Therefore the potential impact on employees will also be reviewed prior to submission of the updated business case.

Consultation and Engagement

5.18 Both the Adults and Safeguarding Commissioning Plan and the Council's plans for implementing the Care Act 2014 were subject to public consultation.

5.19 The new operating model and the alternative delivery vehicle options were shaped and refined through engagement with residents, service users, partner organisations and Council staff. They were then subject to public consultation in spring/summer 2016, and the consultation findings were presented to the Adults and Safeguarding Committee on 19 September 2016.

6. BACKGROUND PAPERS

6.1 The Care Act (2014) came into force in April 2015.
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

6.2 The Full Business Case for Barnet Health and Social Care – Integration of Services was approved by Council on 4 November 2014.
http://barnet.moderngov.co.uk/documents/s18827/Annexe%201%20-%20Business%20Case%20for%20Barnet%20Health%20and%20Social%20Care%20-%20Integration%20of%20Services.pdf

6.3 The Adults and Safeguarding Committee approved initiation of a project to identify an alternative delivery model for ASC on 26 January 2015.
http://barnet.moderngov.co.uk/documents/s20572/AS%20committee%20ADM%20report%20011v10.pdf

6.4 The Adults and Safeguarding Committee approved the approach to a new operating model for ASC on 12 November 2015.
http://barnet.moderngov.co.uk/documents/s27171/A%20new%20operating%20model%20for%20adult%20social%20care.pdf

6.5 The Policy & Resources Committee approved a Medium Term Financial Strategy and detailed revenue budgets on 16 February 2016:
https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=8351&Ver=4

6.6 The Adults and Safeguarding Committee approved three shortlisted alternative delivery vehicle options on 7 March 2016.
http://barnet.moderngov.co.uk/documents/s30109/Alternative%20delivery%20model%20for%20Adult%20Social%20Care.pdf

6.7 The Adults and Safeguarding Committee approved further development of two of the three options (reformed in-house service and shared service with the NHS) on 19 September 2016.
http://barnet.moderngov.co.uk/documents/s34553/Revised%20Business%20Case%20on%20Adult%20Social%20Care%20Alternative%20Delivery%20Vehicle%20and%20Implementation%20of%20the%20Ne.pdf

6.8 The General Functions Committee approved the proposed restructure of the Adults and Communities Mental Health Service on 6 December 2016.
http://barnet.moderngov.co.uk/documents/s36399/Restructure%20Proposals%20of%20the%20Adult%20Social%20Care%20Mental%20Health%20Service.pdf

6.9 The Policy and Resources Committee received an update on the North Central London Sustainability and Transformation Plan on 1 December 2016.
http://barnet.moderngov.co.uk/documents/s36323/North%20Central%20London%20Sustainability%20and%20Transformation%20Plan.pdf

ANNEX A

Section 75 agreements covering adult health and social care in Barnet that are currently in operation between the Council and its NHS partners.

Agreement title	Agreement with	Agreement first put in place on	Current agreement expires on	Pooled budget 2016/17
Lead Commissioning for an Integrated Community Equipment Service	Barnet CCG	December 2013	March 2017	£2,566,598
Voluntary & Community Sector Commissioning (prevention & early support)	Barnet CCG	April 2014	March 2022	£2,474,449
Integrated Learning Disability Service	Barnet CCG	February 2012	January 2018	£3,151,708
Learning Disability Services for 10 service users	Barnet CCG	April 2010	No end date	£1,709,088
Health & Social Care Integration (Better Care Fund)	Barnet CCG	April 2015	March 2017	£24,324,521
Integrated provision of mental health services for adults of working age & older adults	Barnet, Enfield and Haringey Mental Health Trust.	August 2015	July 2017	£20,346,953 (2 year total value)