

<u>MEETING</u> ADULTS AND SAFEGUARDING COMMITTEE
<u>DATE AND TIME</u> THURSDAY 12TH NOVEMBER, 2015 AT 7.00 PM
<u>VENUE</u> HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which should be considered in addition to the main agenda pack.

Item No	Title of Report	Pages
1.	ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT	1 - 28

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Adults and Safeguarding Committee
12 November 2015

Title	Enablement Home Care Commissioning Strategy
Report of	Adults and Health Commissioning Director / Director of Adult Social Services
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A – Equalities Impact Assessment
Officer Contact Details	<p>Ethlet Chiwaka – Joint Commissioning Manager, Adults & Health, Commissioning Group ethlet.chiwaka@barnet.gov.uk 020 8359 2130</p> <p>John Mason – Commissioning Lead, Adults & Health, Commissioning Group john.mason@barnet.gov.uk 020 8359 4945</p>
Summary	
<p>This report outlines the Council’s approach to developing its enablement model and ensuring that targeted interventions support people to experience better outcomes and reduce their reliance on other services.</p>	
Recommendations	
<p>1. Committee endorse the approach to enhancing the enablement offer in Barnet to support delivery of the Medium Term Financial Strategy and Care Act (2014) requirements.</p>	

1. WHY THIS REPORT IS NEEDED

Context

- 1.1 Since 2008, the Council has piloted and then commissioned an enablement homecare service to provide short-term, intensive, time-limited care to adults with care needs in order to support them to gain or regain a higher level of independence and improved their quality of life. It is recognised that the amount of time needed for meeting someone's personal care needs in an enabling way – 'doing with' rather than 'doing for' – needs to be flexible.
- 1.2 The current service focuses on the following areas:
- a) To enable service users, by providing intense outcome driven care and support, to regain a higher level of independence and remain living within their own homes.
 - b) To facilitate timely supported discharge from hospital and / or temporary care home placement; and enable individuals to maximise their recovery and exploit their full independence potential.
- 1.3 The enablement homecare service is part of a spectrum of preventative and early intervention services that promotes independence, reduces dependence on other services; and reduces or delays the requirement for longer term care and support. This includes the Home from Hospital service delivered by the British Red Cross, which provides support with practical tasks upon return from hospital, and the health-led community based Intermediate Care Service.
- 1.4 The enablement service works in partnership with the Intermediate Care Service, delivering the non-clinical interventions alongside physiotherapists and occupational therapists to provide a multidisciplinary approach and an integrated service to the service user.
- 1.5 Key features of the current service:
- Contract commenced on 6th September 2010 for period of 5 years, plus 1 year extension. Service to terminate on 5th September 2016.
 - 1,500 hour block contract per week.
 - Approximately 30 referrals per week to the service, around 30% of which are made directly by the Intermediate Care Service. The majority of referrals (over 70%) are for people who have been in acute hospitals via the hospital social work teams.

The service is provided free of charge at the point of delivery, in line with Care Act 2014 requirements.

Funding Source	Annual Value
Adults and Communities	£1.14m
Better Care Fund	£200,000
Systems Resilience Grant (NHS winter pressures funding)	£110,565

The numbers of Enablement service users and client group breakdown over the past 3 years are shown in the Table below.

Year	Older Adults	Mental Health	Learning Disabilities	Physical and Sensory Impairment	Other	Total
2012/13	1,231	107	4	65	72	1,479
2013/14	1,228	75	7	62	80	1,452
2014/15	1,289	75	3	71	113	1,551

67% of users move on with no further service following a period of enablement and 64% are still not receiving other services after 90-days.

Opportunities to enhance and develop the new enablement pathway

- 1.6 The Council has been trialling a new occupational therapy led model using an in-house function to triage and assess the most beneficial intervention for each individual. In some instances, enablement has been the default option for people due to a less nuanced assessment model and fewer options for alternative service delivery. This may lead to a reduction in the number of people using the service over time as other interventions are developed and utilised.
- 1.7 The health sector currently benefits significantly from the enablement service as referrals following an acute hospital admission accounts for more than 70% of all referrals. This is supported by national research in 2014 from the National Audit of Intermediate Care (NAIC), who confirmed that the referral pattern is still at the point of hospital discharge following an admission. Responsive, accessible hospital discharge services are an integral part of the health and social care pathway. However, evidence suggests that the enablement service may not always be the most appropriate and cost effective service necessary to facilitate discharge.

The Council will be working closely with providers of the new homecare service and local NHS partners on out of hospital care through the Better Care Fund to provide a greater range of time-critical services for those who require support following discharge from hospital. These services will be able to offer a longer term enablement model for those who may not achieve full benefit from the time-limited short term service.

- 1.8 Although the performance of the service exceeds the 63% best practice evidence, the current service still works to a relatively traditional model of domiciliary homecare. The new service will be working in partnership with the Council to develop an outcome focussed model. This learning will then be used to develop the new service with a focus on payment by results.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Barnet Council is currently re-commissioning its Enablement service. This is being integrated as part of the re-commissioning of the Home and Community Support service.
- 2.2 The procurement will deliver an enablement service that meets the needs of Barnet's population, supports the delivery of the Care Act (2014) and the transformation of adult social care in Barnet. It will also continue the work of the existing service to work in partnership with local community health services and support the delivery of an integrated health and social care service.
- 2.3 The service is a key part of the Council's approach to reduce or delay the need for longer term care and support and make the best use of preventative services to support service users to be as independent as possible and for as long as possible in the community.
- 2.4 The commissioning of this service is part of a phased approach enabling the Council to move to a fully outcome based service and payment model.
- 2.5 This will support the delivery of an integrated programme for Barnet Council and Barnet Clinical Commissioning Group (BCCG) underpinned by the Better Care Fund (BCF) through a streamlined enablement and intermediate care pathway.
- 2.6 In order to ensure supplier resilience and mitigate the risk of service failure, the service will be commissioned on a block contract basis for the next contract term. The Council will then pilot and test an approach that can reward and incentivise providers on an outcome focused basis.
- 2.7 Following data analysis of the current contract and agreement by the Home and Community Support / Enablement Project team, the Council is commissioning a single strategic provider of enablement, with a block contract of 1,000 hours a week. A review of the contract 6 months after commencement and annually thereafter will enable the level of the block to be adjusted to reflect demand and strategic approach.
- 2.8 The contract term will be three years with provision to extend for a further year subject to satisfactory performance and budget. The key procurement milestones are:

Advert OJEU	23 November 2015
Deadline for submissions	4 January 2016
Contract award	February 2016
Contract mobilisation	March to June 2016
Contract start date	June 2016
Current contract end date	September 2016

2.9 The Council intends to award a reduced block contract of 1,000 hours, although the provider will be required to demonstrate how it could deliver enablement hours in excess of the block contract level up to 1,500 hours. The reduction in the number of block hours from the current arrangement is due to the piloted triage function referred to in paragraph 1.6 that will work closely with the new enablement provider at key points in the process including:

- Verifying service user eligibility
- Goal-setting and enablement planning with the service user
- Progress monitoring; and
- Reviewing

This provides greater scope to maximise use of the greater range of options to support and enablement people, of which the enablement homecare service will play a key but not exclusive role. It will also mean that periods of enablement will be used in a flexible way, from 1 to 6 weeks, in comparison to the current service model where all users receive a standard 6 week service.

The 5 Tier Model for Integrated Care

2.10 The future delivery of enablement services will include a more integrated approach to the pathway with health service providers (intermediate care and community health). The service provider for enablement will be included in these developments and will be a key partner in supporting continuous improvement in the delivery of intermediate care services in Barnet. This may include close partnership working with community healthcare partners and work with voluntary sector providers and delivery of an integrated care pathway.

2.11 In 2014 Barnet Clinical Commissioning Group and London Borough of Barnet adopted the Barnet Health & Social Care Concordat which aims to place people and their carers at the heart of a joined up health and social care system built around their individual needs, delivers the best outcomes and provides the best value for public money.

2.12 The Barnet Health & Social Care Concordat sets out how partners will work with frail and elderly people aged 65 and over and those with long term conditions / dementia through a 5-tier model improving outcomes and delivering a better user experience in a more financially sustainable way; by moving to a model that invests more funding in lower level and preventative support and a shift in demand away from hospitals and long term residential care.

2.13 These ambitions are further articulated in the Better Care Fund submission. Enablement supports delivery of Tier 4 of the integrated model alongside all other intermediate care services. The strategy for delivery of intermediate care arrangements in Barnet include:

- Develop a specific offer for carers of service users accessing enablement and intermediate care.

- Making enablement the first offer.
- Embedding episodes of enablement into the care pathway for users / patients assessed with on-going needs.
- Joining up enablement, intermediate care, home from hospital, residential enablement into a single pathway to facilitate a more comprehensive care pathway which includes recovery, rehabilitation and enablement.
- Streamlining entry points into the health and social care economy ('entry' and exit') – by linking intermediate care with urgent care (entry and exit from acute care).
- Strengthening the referral processes in the pathway by linking with community point of Access and adapting the functionality of CPA to ensure tracking of attainment of service user outcomes within the 6-week period.
- Remodel and strengthen enablement service by incorporating Occupational Therapists.

3.0 **ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 Option 1 – Do nothing (not recommended). Enablement services are a key element of the model for adult social care, reducing the need for ongoing care packages through intensive, support term support.
- 3.2 Option 2 – Implement outcomes based approach from start of new contract in September 2016: this is not a feasible option as the current market is not sufficiently well developed.

4.0 **POST DECISION IMPLEMENTATION**

- 4.1 The Council will work with the successful provider and other key stakeholders and partners to develop an enhanced model of enablement delivering a spectrum of services and moving towards an outcome based model for the new service.

5.0 **IMPLICATIONS OF DECISION**

Corporate Priorities and Performance

- 5.1 This approach support the Council's vision that 'health and social care services will be personalised and integrated, with more people supported to live longer in their own homes' and 'by 2020 social care services for adults will be remodelled to focus on managing demand and promoting independence, with a greater emphasis on early intervention. This approach, working with housing and health services, will enable more people to stay independent and live for longer in their own homes'.
- 5.2 This strategy and associated services promote choice and independence by supporting people to live longer in their own homes whilst recognising the duty towards those with assessed needs and a support plan under the Care Act 2014.

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

6.1 The current budget for enablement is:

Funding Source	Annual Value
Adults and Communities	£1.14m
Better Care Fund	£200,000
Systems Resilience Grant	£110,565

6.2 The increase in the minimum wage in October 2015 and the introduction of the National Living Wage in April 2016 is also likely to impact on unit costs across the care sector.

6.3 The reduction in the level of the block contract and utilisation of alternatives where appropriate will mitigate these risks.

6.4 Further mitigation is the use of Most Economically Advantageous Tender (MEAT) for the selection of the successful bidder during the procurement process.

7.0 Legal and Constitutional References

7.1 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:

- Promoting the best possible Adult Social Care services
- To ensure that the Council's safeguarding responsibilities are taken into account

7.2 The Council has a number of specific and general duties owed to all adults.

The Care Act 2014 sets out a number of those duties, including:

- a) Section 1 provides a general duty to promote an individual's well-being and under s2 there is a duty to prevent needs for care and support.

8.0 Risk Management

8.1 The procurement of Enablement Home Care is being undertaken using the Council's project management methodology; this includes the compilation and active monitoring of a Risk and Issues Log, held by the project manager and reported to the Project Board.

9.0 Equalities and Diversity

9.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have 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 (protected characteristics i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

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

An Equalities Impact Assessment for this proposal is included as Appendix A to this report. The proposed procurement will result in an overall positive impact on residents. For example one of the outcomes should be that 'Support' is personalised to meet the needs of the individuals, whether they require care delivered by a care worker from their own ethnic background, reflective of their own gender or communicate in their mother tongue language.

10.0 Consultation and Engagement

10.1 There has been regular engagement with the Advisory Group for Home and Community Support / Enablement (made up of family carers and service users) and also engagement with Experts by Experience, existing service users, carers and representatives of older people, during the preparation for procurement. The key messages from the Advisory Group and Experts by Experience were:

- a) the need to join up services across health and social care
- b) issues with the hospital discharge process
- c) the need for more flexible provision

10.2 Enablement Care Provider events were held earlier in the year. The feedback from these events indicated that there were concerns as to how providers could manage demand and ensure sufficient resources without guaranteed hours. This is the part of the rationale for the decision to remain with a block contract but with a reduced number of hours.

10.3 The market events also failed to draw any providers with significant experience in delivering enablement excepting the incumbent. There appeared to be a lack of understanding of the issues discussed by many of the providers. From the market event, it is clear that further market development is required.

10.4 The market does not have the capacity or systems to move to a payment by results approach in 2016. Other councils are developing outcome based commissioning frameworks but there are none that have proven the approach at scale in this market to date.

11.0 **Insight**

11.1 The Joint Strategic Needs Assessment 2015 was used in identifying potential demand and need. The 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. The 65 and over population is projected to grow by 34.5% by 2030, while the 85 and over population will increase by 66.6%. This population is expected to present complex needs and co-morbidity putting more pressure on limited resources.

12.0 **BACKGROUND PAPERS**

12.1 None.

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Equality Analysis (EqA)

Questionnaire

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
Title of what is being assessed: Service Specification for Home & Community Support and Enablement	
Is it a new or revised function, policy, procedure or service? Revised service	
Department and Section: Adults and Communities and Joint Commissioning Unit	
Date assessment completed: May 2015	
2. Names and roles of officers completing this assessment:	
Lead officer	Allison Thomas
Stakeholder groups	
Representative from internal stakeholders	
Representative from external stakeholders	
Delivery Unit Equalities Network rep	Lesley Holland
Performance Management rep	Claire Bailey
HR rep (for employment related issues)	Not appropriate
3. Full description of function, policy, procedure or service:	
<p>Service Description Home & Community Support” (traditionally known as Homecare or domiciliary care) is a key service commissioned by all local authorities to deliver essential care for those individuals who meet the eligibility criteria as defined by the Care Act 2014.</p> <p>Service gateway is through referral (through family member, the public or other professional) to Barnet Social Care Direct. An assessment is then carried out to determine whether the individual or family Carer meets the eligibility criteria and if so to determine what services will meet the individual’s needs.</p> <p>Access to the service does not exclude any protected characteristic, but is a service provided to Adults (those aged 18 and over) and therefore assessments for those under 18 or their Parent’s/Carer’s (including the unborn) are carried out by Childrens Services.</p> <p>The service provides;</p> <ul style="list-style-type: none"> • Personal Care • Respite • Family Carer Support • Waking Nights support • Meeting nutritional needs • Community access <p>The service is aimed at the following Service User Groups are they are most likely to benefit;</p>	

- People with learning disabilities
- People with autism
- People with mental health problems
- Adult carers
- People with physical and sensory impairments
- People at risk or who have suffered falls
- People at risk or who have had a stroke
- People with dementia

Service Context

Barnet's Home & Community Support (HCS) contracts come to an end on 31st October 2016. The Council is seeking to procure new services to commence on 1 November 2015. The current service specification is being revised to reflect changes in the Law, national and local drivers and the changing demography and increasing diversity in Barnet. The Equality Analysis (EqA) addresses how the service specification may impact on Equality strands.

The Council is seeking over time to develop a new approach to the delivery of Home and Community

Support (HCS) which promotes an ethos of;

- Enablement - 'support' rather than 'care' (independence rather than dependence)
- Prevention – creative use of the HCS service can prevent Individuals from requiring more specialist and therefore expensive services
- Positive outcomes for individuals
- Ensuring dignity and respect for Individuals

This represents the first step towards an "Outcomes Based Approach" which is planned for the development, piloting and evaluation over the initial two years of the new contracts. (The Equalities Assessment/Questionnaire will be updated as part of this phase of the project).

Barnet is also seeking to procure services using a revised approach. The previous service contracts specified three Lead Providers (one for each locality) who would manage sub-contract arrangements with other providers to build capacity when required. Problems were encountered in the market when two of the three original providers exited the contract and their Service Users (many of whom are elderly), having to be re-directed to alternative services.

The revised approach seeks build a robust and sustainable market and capacity by utilising an "approved list" approach – where there will be multiple Strategic Partners per locality and multiple approved providers who will provide services borough wide.

Service Aims and Objectives

In Barnet the service objectives state that services should be delivered both at home and in the community in line with supporting people to live independently inside and out of their own home.

The overall objective of the service is to maximise the independence of service users by enabling them to achieve the seven outcomes defined within the DoH, Adult Social Care Outcomes Framework:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination and harassment
- Economic well-being
- Maintaining personal dignity

The current commissioned outcomes as defined in the Adults and Safeguarding Commissioning Plan 2015-2020:

PRIORITY	KEY OUTCOMES
Planning for life	<p>Working age adults and older people live a healthy, full and active life and their contribution to society is valued and respected.</p> <p>Working age adults and older people live in homes that meet their needs and are well connected socially.</p> <p>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.</p>
Early Intervention and Prevention	<p>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.</p> <p>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.</p> <p>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</p>
Person centred Integrated Support	<p>Working age adults and older people are able to access help when needed for as long as they need it.</p> <p>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.</p> <p>Person centred support plans inform the delivery of support in the most appropriate place (usually someone's home or the most appropriate place (usually someone's home or community) that best meets people's needs in the most cost effective way possible.</p> <p>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.</p> <p>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.</p>
Safeguarding	<p>Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk.</p> <p>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.</p>
Carers	<p>Carers are supported to continue caring for as long as they wish.</p> <p>Carers are valued as expert partners in supporting working age adults and older people to live independent lives.</p> <p>Families provide support to other families, sharing their experience of using certain services and what they have learnt from the process.</p> <p>Carers are supported to achieve their ambitions whilst continuing to care.</p>
Leisure Services	<p>Health and wellbeing outcomes are achieved in a manner that is sustainable.</p>

Commissioning intentions are also detailed at Service User Group level within the Plan.

The service specification and commissioned provision will also align with the outcomes (for Individuals and Carers) as specified within the Care Act 2014.

Barnet's Demography

London Borough of Barnet is a suburban borough in North London, forming part of Outer London. It is the currently London's most populous borough, with 366,400 inhabitants and covers an area of 86.74 square kilometres (33 sq mi). It is a large diverse place, made up of suburban communities as well

as 20 town centres.

Barnet residents enjoy better than average health and higher life expectancy. However, this experience is not universal across the borough and there is a seven year difference in life expectancy between the most deprived and most affluent areas.

Sizeable population growth has been projected for 65 to 69 year olds by 2016 (+2,100 individuals, 18%) and significant growth in 90 plus cohort (17%).

51.5% of the Barnet population are female – higher than the London proportion, rising to 67.5% among over 85s.

Barnet is also a very diverse borough with a projected increase in diversity by 2016 (35% non-white) mostly within the Chinese, Other Asian and “Other Ethnicity” communities, this creates new and complex health and social needs. There are currently 19,500 people living in Barnet who do not speak English language.

Based on the 2011 census data, Christianity remained the majority religion in Barnet with 41.2% (146,866 people) of the population identifying themselves as Christian. The next most common religions are Judaism (15.2%), Islam (10.3%) and Hinduism (6.2%). Barnet continues to have the largest Jewish population in the country. 16.1% (57,297) of the population said that they have no religion up from 12.8% in 2001.

There is very little available data on the LGBT community other than that the ONS state that 3.2% of London residents aged 16+ identified themselves as lesbian, gay or bisexual in 2013, the highest percentage across all areas of the UK.

14.0% of Barnet residents suffer from a long term health problem or disability that limits their day-to-day activity. Of those people of working age 10% are affected daily by a long term illness or disability.

Data indicates that 83% of HCS Service Users are Older People (+65) and 17% are of working age.

Of the 17%, Physical & Sensory Impairment Service Users account for 45%, Learning Disabilities 35% and Mental Health 18%.

The figure for Older People does not differentiate between those who are frail or have dementia.

During 2013/14, the Council supported 1788 people with 485,000 care hours of support, around 85% of whom were Older Adults.

Demand Home and Community Support service provision is expected to increase in line with the increasing older population, dementia and diversity in the borough.

Addressing Equalities

Equality and diversity issues, requirements and needs will be addressed as an integral part of the HCS project in the following manner.

- Person centred and culturally sensitive Individual assessment of need agreed with each service user
- User involvement in design and delivery of service
- Procurement process which will underline the importance of knowing about and responding to the diversity of Barnet.
- Standard requirements for Providers regarding training regarding equality, awareness and needs (e.g. The CQC Care Certificate, NVQ's and professional development)
- Capacity building of equalities awareness with service providers and core caring skills of

empathy and humanity

- Provider capacity building based upon Barnet's demographic and diversity profile
- A workforce which reflects Barnet's demography
- Using customer satisfaction surveys to monitor the service outcomes
- Performance model to monitor the service outcomes

Adults Market Position Statement

All Providers engaged in the procurement process (from the point of Prior Information Notice onwards) are referred to The London Borough of Barnet Adults Market Position Statement (BAMPS). The below is also build into the HCS service specification;

“ Any organisation that is contracted by the council to provide services in Barnet must comply with the Equality Act 2010. We want the whole local market to support equal opportunities and comply with the Act in seeking 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.

Providers should pay particular regard to ensuring equality of opportunity and good relations between service-users with and without protected characteristics. Providers are encouraged to develop an equal opportunities policy cover that covers the 9 protected characteristics, as defined by the Act: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. And take account of the impact of services on carers (including young carers) and those on low income.

Providers are expected to:

- Act at all time in compliance with LB Barnet's Equalities Policy
http://www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_anddiversity
- Deliver services which take account of and meet the needs of the rich diversity of Barnet's service users.
- Treat service users with dignity and respect
- Provide training and information to staff to ensure that services are delivered to service-users in a non-discriminatory way”

Co-design working

We are working closely with stakeholders to revise and develop the service specification and to involve them in the procurement and provider evaluation process; Service User Group, Partnership Boards, Providers, Operational Colleagues and meetings with other key stakeholders have all been utilised to encourage involvement and ownership of the ethos as stated.

We have actively sought out the views and involvement of communities which have so far not been captured, such as the Afro-Caribbean, Chinese and LGBT communities in Barnet and have reached out via HealthWatch and CommUNITY Barnet and Opening Doors (Age UK). Work will continue throughout the project.

Service Specification

Providers will be asked to build their workforce, skills, training and development around Barnet's demographic and diversity profile, specifically to ensure that where there is a need there is an appropriate level of skills, awareness and understanding available to meet the holistic needs of the individual in a respectful manner.

Provider Strategic Partnerships

We will also be working with Providers in terms of developing their workforce in terms of Social Value and apprenticeships, especially encouraging young people “Not in Education, Employment or

Training” (NEET’s) to encourage young people to see the professional as being of great value within their communities and other professionals and as a step progression in terms of a long-term career.

It is envisioned that Strategic Partners will share knowledge, training and good practice with other Providers (supported by Barnet), an example cited was where one Providers had an Afro-Caribbean Service User. The lady did not care who provided her care only that they could cook. The Provider used their initiative and the Care Worker received basic training in Afro-Caribbean cookery. The Service User was then able to engage with the Care Worker in her kitchen and offer advice whilst she was cooking, passing on her own skills and reminiscing about her Mother and childhood. This experience is a successful outcome for the service user and a positive learning experience for the Care Worker. The Provider would be willing to share this practice with others.

4. 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	<p>Data: It is anticipated that in line with previous years, service users with needs relating to age or frailty or those living with dementia would be prevalent, particularly so, as Barnet’s population ages. Older people make up around 17% of Barnet’s population</p> <p>Proportion of people aged 65+ and 85+ is higher than the London average and Barnet’s older population likely to rise by a higher level by 2015 than the London average</p> <p>In the year 2013-14 – 2,350 people over the age of 65 received a Home and Community support. The vast majority of those Service users were physically disabled (89%).</p> <p>Service Specification: The service ethos focuses on prevention and enablement, It may take a longer period of time to enable individuals with protected characteristics to fully live independently in the community again, if the service ends too soon, it could impact on this community negatively.</p> <p>Equalities strands may also be affected through social isolation and vulnerability which may affect individuals feeling of safety within their own homes and communities.</p>	<p>Service Specification: Service specification includes clear guidance to prevent discrimination and promote equitable treatment for appropriate protected characteristics whether Service Users, employees or prospective employees.</p> <p>The Equalities requirements as detailed in BAPS are also built into the service specification and Providers are proactively directed to it online.</p> <p>Providers are requested to provide capacity based upon Barnets demographic needs and where appropriate or requested to match service user need or preference to the Care Worker provided.</p> <p>The service will only be reduced or end once the Service User is fully</p>

		<p>Procurement: This could affect Equality strands if the service provider does not have the capacity to provide appropriately skilled and trained staff to reflect Barnet's demography or needs.</p> <p>It may have a negative impact on equalities stands if there is a lack of provider staff who represent individual communities or a lack of understanding, awareness or training regarding equalities issues.</p> <p>Implementation: The implementation could impact on Equality strands if Service Users and their family Carers, who are affected, are not fully engaged in the transition process (handover from old provider to new), or do not have a voice in the way their support plans are implemented.</p> <p>Service Users may be used to existing services, may dislike change and may treat new providers with distrust and suspicion. In some cases, change may be disruptive in the lives of Service Users.</p> <p>Service Users will have a built a trusting rapport with current staff and may not like to engage with new people.</p> <p>This equality strand could also be affected as some Service Users may prefer to have their needs catered for by a care worker of the characteristics (e.g. religion, language or gender).</p>	<p>capable of living independently in the community. If further support is required the Service User will be referred for community based organisations for further support.</p> <p>Each Service User will have their case individually reviewed and assessed to ascertain their level of needs. Changes to support plans will only be made following negotiation and agreement. Therefore the Service User will be fully engaged in any changes.</p> <p>The service specification seeks to reflect the new safeguarding responsibilities under the Care Act 2014 and also strengthen Providers responsibilities with regards to identifying and reporting safeguarding issues.</p> <p>Care Workers and providers will be expected to proactively identify where there are issues with social isolation, depression and needs increasing or decreasing and refer to the Social Worker.</p> <p>Service Users are involved in the co-design work to provide experience and opinions which will inform the service specification.</p> <p>Procurement: Service providers are governed within the Equalities framework.</p> <p>The Procurement equalities policy will be followed in the management of the application process, including evaluation of</p>
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			<p>applicants equalities and diversity policies concerning employment practice and service delivery. The contract for the new services will include explicit requirements fully covering the council's duties under equalities legislation.</p> <p>The services being procured will operate inclusively for all care groups covering all postcodes in the Borough.</p> <p>The assessment and support planning process, which fully involves the service user, will identify particular needs.</p> <p>Staff workforce development and training arrangements will ensure that staff understand and are able to respond to diverse needs.</p> <p>Implementation: In cases where Service Users do not wish to change Provider/Care Worker other options will be explored, e.g. Direct Payments.</p> <p>It is the responsibility of the service provider to build a positive and trusting relationship with the User. This should be enhanced by the Provider using its workforce in a positive way that enables the User to be supported by a group of staff that are appropriately skilled; and who work with them in a dignified and respectful manner.</p> <p>It will be the council's responsibility to ensure that this is monitored with positive outcomes via</p>
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			performance and contract monitoring arrangements.								
2. Disability	Yes x	<p>Data: There are 11,448 people living in Barnet who have a limiting long term illness and 4,044 total population aged 65 and over predicted to have dementia.</p> <p>In the year 2013-14, 45% of the HCS provision in the 18-64 age group was for support with Physical Disabilities and 35% for Learning Disabilities (From a total of 598 HCS Service users).</p> <p>Of the 18-65 age group the prevalent service user group was Physical Disabilities (89%) followed by Mental Health (0.9%).</p> <p>People aged 65 and over predicted to have a moderate of severe learning disability and hence likely to be in receipt of services.</p> <table border="1"> <thead> <tr> <th>Age</th> <th>No in 2015</th> </tr> </thead> <tbody> <tr> <td>65-74</td> <td>98</td> </tr> <tr> <td>75-84</td> <td>35</td> </tr> <tr> <td>85+</td> <td>15</td> </tr> </tbody> </table> <p>7.4% of Barnet's 18+ residents are on the "Autistic spectrum" with a total of 2.3% of all Service Users belonging to this category.</p> <p>Individuals with physical disability, learning disability or mental health problems who have special needs may need additional support over the longer term to live in the community.</p> <p>Service Specification Please refer to 4.1</p> <p>Procurement Please refer to 4.1</p> <p>Implementation Please refer to 4.1</p>	Age	No in 2015	65-74	98	75-84	35	85+	15	Please refer to 4.1 mitigation
Age	No in 2015										
65-74	98										
75-84	35										
85+	15										
3. Gender reassignment	Yes x	<p>Data: At present there is no Corporate or Service Delivery Unit data available regarding Gender Reassignment.</p> <p>Currently, there are huge inconsistencies in population estimates of both transsexual people and the less clearly defined trans community across the UK. The Home Office estimates that there are between 1,550 and 2,400 transsexual people in the UK.</p> <p>Service Specification Please refer to 4.1</p> <p>Procurement Please refer to 4.1</p> <p>Implementation Please refer to 4.1</p>	<p>Please refer to 4.1 mitigation and also;</p> <p>Service Specification Legal Acts are in place to protect the rights of transsexual people (who have undergone medical intervention): the Sex Discrimination (Gender Reassignment) Regulations, introduced in 1999 protects transsexual people against discrimination in employment and</p>								

			<p>vocational training.</p> <p>The Gender Recognition Act 2004 provides a mechanism for someone to be legally recognised in their adopted gender. Sex Discrimination (Amendment of Legislation) Regulation (2008) seeks to eliminate unlawful direct discrimination and harassment on grounds of gender reassignment in the provision of goods, facilities and services.</p> <p>These acts will be built in to the requirements for Providers within the service specification.</p>
4. Pregnancy and maternity	No x	Not appropriate	Not appropriate
5. Race / Ethnicity	Yes	<p>Data: There are over 115,472 people from Black, Asian and minority ethnic (BAME) communities and 12,091 people of White/BAME heritage living in Barnet with a range of language and cultural needs.</p> <p>In year 2013-14 the total number of Service Users provided with <i>Community Based Services</i>, 25% were from BAME communities and 1.5% are from the mixed White/BAME community. (Please note that for ethnicity, there is no breakdown of service component to reflect the difference between HCS, meals service or equipment provided)</p> <p>Service provision for the 18-64 BAME communities equates to equal thirds for Physical Disabilities, Mental Health and Learning Disabilities.</p> <p>For the over 65's, service provision is 68% for Physical Disabilities and 16% for Mental Health.</p> <p>Service Specification Please refer to 4.1</p> <p>Individuals are entitled to have a service that is culturally-appropriate to meet their needs. Culture and diverse faiths may impact in the way health and social care is managed therefore service providers will need to have good cultural awareness about how they can work with people from diverse backgrounds.</p>	Please refer to 4.1 mitigation

		<p>Service users who use English as a second language or do not speak English may be affected by any changes in service due to lack of opportunity to engage in co-design.</p> <p>Procurement Please refer to 4.1</p> <p>Implementation Please refer to 4.1</p>	
6. Religion or belief	Yes	Please refer to 4.1	Please refer to 4.1
7. Gender / sex	Yes	<p>Data: Barnet's percentage of females aged 65+ is higher than the London average.</p> <p>Females over the age of 65 are disproportionately less likely to manage at least one domestic task on their own (2,324 projected in 2015) as opposed to 65+ males, 1,200 projected in 2015.</p> <p>In year 2103-14 – 4,440 females over the age of 18 received a service, compared to 3,075 males.</p> <p>Nearly double the number of females (2977) with physical disabilities when compared to males (1587) received a service.</p> <p>Service Specification Please refer to 4.1</p> <p>Procurement Please refer to 4.1</p> <p>Implementation Please refer to 4.1</p>	Please refer to 4.1 mitigation
8. Sexual orientation	Yes	<p>Please refer to 4.1</p> <p>There is no specific corporate or service data relating to sexual orientation.</p>	Organisations were selected on the basis of specific equalities requirements in relation to compliance with the Equality Act (Sexual Orientation) Regulations 2007, particularly Sec.3 discrimination on grounds of sexual orientation and Sec.4 provision of goods, facilities and services
9. Marital Status	No x	Not appropriate	Not appropriate
10. Carers	Yes x	<p>Please refer to 4.1</p> <p>Data: There are a total of 32,256 individuals providing unpaid care in Barnet and 320,341 providing paid care. In the</p>	<p>Please refer to Section 4.1</p> <p>Carer's needs and requirements have been</p>

	<p>year 2013 to 14, a total of 538 Carer's received a service and 1,403 received Information and advice only.</p>	<p>revised within the service specification aligned with the Care Act 2014.</p>
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<p>5. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?</p>
<p>The general population in Barnet is very diverse in terms of faith, ethnicity, culture, language, gender and sexuality. Providers are expected to develop and demonstrate;</p> <ul style="list-style-type: none"> • a diverse workforce which reflects the demography of Barnet • service capacity in terms of skills which reflect Barnet demography and the Joint Strategic Needs Assessment • an organisation and care worker ethos and culture of “Be Human” respect and dignity <p>The impact of delivery will be positive towards all equality strands (thus taking account of the Barnet population as a whole) and it will be the duty of the council to ensure that it is monitored accordingly.</p>
<p>6. How does the proposal enhance Barnet’s reputation as a good place to work and live?</p>
<p>The current HCS contracts were let to 3 Lead Providers in 2011. There have been on-going problems resulting in two of the three original providers exiting the contract and their clients (many of whom are elderly), having to be re-directed to alternative services.</p> <p>A new approach has been proposed where there are more than one “Strategic Partner” in any locality and a list of approved providers working across the three localities.</p> <p>Strategic Partners will have additional responsibilities to work in partnership with Barnet to develop and improve services and support approved providers in terms of training and good practice.</p> <p>The current financial model is being reviewed to analyse options regarding fair and equitable provider rates across Barnet.</p> <p>The benefits of this approach will increase effectiveness, efficiency and capacity in service delivery, which in turn will encourage choice and control and improve outcomes for Service Users.</p>
<p>7. How will members of Barnet’s diverse communities feel more confident about the council and the manner in which it conducts its business?</p>
<p>Barnet’s diverse communities can feel more confident about the council and the manner in which it conducts in business by improving the robustness and capacity of service availability and sustainability.</p> <p>Furthermore it is supported in the Corporate Plan which sets out our strategic equalities objective:</p> <p>‘Our commitment is that citizens will be treated equally, with understanding and respect; have equal opportunity with other citizens; and receive quality services provided to best value principles.’</p> <p>There are six main equalities objectives and each Delivery Unit also has its own equalities objectives.</p> <p>The Corporate Plan describes how considering equalities is part of everything we do. It is embedded in the decisions we make as an organization and is fully integrated into the council’s business planning process. The council’s established approach to assessing the equality analysis</p>

of outcomes to changes in policy functions and activities support this. Policies, functions and activities are analysed for their equalities impacts and risks. These considerations will provide factual and specific information and assess the impact of those facts on different groups of people, including disabled people.

8. 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)*

Through:

- Service specification development - co-production with providers and service users
- Annual Evaluation Survey and Quality Assurance Report schedule (of which a summary is available to Service Users and the Council)
- Annual Service Delivery Plan and Improvement Plan, including Equalities plan supplemented by a bi-annual implementation report to the Council.
- Quarterly contract monitoring meetings with each provider each during Year 1 of the contract to monitor performance returns and delivery and improvement plan implementation
- Care Quality Commission, Provider the LBB Complaints procedure.
- Comprehensive recording of regular reviews, demonstrating flexible service delivery and noting Service Users' preferences about how the Service is to be delivered to meet their Outcomes. Recorded information is shared with Service Users as a matter of course.

9. How will the new proposals enable the council to promote good relations between different communities? *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

The proposal does not have the potential to lead to resentment between different groups of people; Prior to service provision an assessment is carried out which assess needs based on the individual and plans care provision that meets those needs and supports the individual regardless of ethnicity, belief, gender etc.

We believe that with a greater focus on personal choice and enablement, the service positively promotes equality and prevents discrimination against those with a protected characteristic.

10. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? *Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.*

- An Advisory Group of service users and carers was set up to contribute and comment on the specification and potential service improvements as well as taking part in the tender evaluation process.
- Partnership Boards have been kept informed, input sought and invited to attend Advisory Groups.
- Where hard to reach groups have been identified e.g. LGBT community, CommUNITY Barnet has been utilised to identify groups to attend or individuals to consult. (in context of having experience of the HCS service).
- Specifications for the new service will be available on the internet for general consultation.
- Market and co-design events were run to consult with providers and stakeholders across the sector
- A staff consultation was mounted across all care groups, colleagues were consulted via team meetings and service specific questionnaires.

Overall Assessment

11. Overall impact		
Positive Impact <input checked="" type="checkbox"/>	Negative Impact or Impact Not Known ¹ <input type="checkbox"/>	No Impact <input type="checkbox"/>
12. 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"/>	

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

14. Please give full explanation for how the overall assessment and outcome was decided
<p>London Borough of Barnet is seeking to develop a new strategic approach to the delivery of Home and Community Support (HCS) which promotes a 'support' rather than 'care' ethos and this specification reflects the Council's aims to re-enable service users rather than creating a dependency on the HCS service.</p> <p>'Support' is personalised to meet the needs of the individuals, whether they require care delivered by a care worker from their own ethnic background, reflective of their own gender or communicate in their mother tongue language.</p> <p>It is proposed that the emphasis of the service will be an integrated one which will allow people to live in their environment independently as possible. Once the outcomes identified (in the original assessment) have been achieved, the service will end and the User will be referred to community based organisations for further support if needed.</p> <p>This creates a culture of prevention and enabling for the Service User, particularly from becoming dependent on the service and gives the Provider the incentive to develop and improve their services and career development and progression for their Care Workers.</p>

¹ '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.

This is also the first step towards outcomes focused service provision where in partnership with Service Users, Colleague and Providers we will work towards moving away from traditional time and task based model to one which is incentivised through achieving outcomes for Service Users.

15. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
Service User experience and outcomes	Annual Evaluation Survey and report schedule	Review equality impact on the outcomes of the Home and Community Support and Enablement services by equality strands. Other targets will be set/revised as necessary in response to issues identified.		Annual - 31 st March of each year
Service Improvement	Annual Service Delivery Plan and Improvement Plan, including Equalities plan	Targets will be set/revised as necessary in response to issues identified		Annual - 31 st March of each year

1st Authorised signature (Lead Officer)	2nd Authorised Signature (Delivery Unit management team member)
Date:	Date:

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