

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

THURSDAY 20TH NOVEMBER, 2014

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4AX

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

Chairman: Councillor Sachin Rajput
Vice Chairman: Councillor Tom Davey

Councillors

Barry Rawlings	Pauline Coakley Webb	Reema Patel
Philip Cohen	Helena Hart	Reuben Thompstone
	David Longstaff	

Substitute Members

Councillor Anthony Finn	Councillor Brian Gordon	Councillor Daniel Thomas
BSc (Econ) FCA	Councillor Ammar Naqvi	Councillor Jim Tierny
Councillor Anne Hutton		

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

Andrew Nathan – Head of Governance

Governance Services contact: Anita Vukomanovic 020 8359 7034
anita.vukomanovic@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	1 - 4
2.	Absence of Members	
3.	Declarations of Members Disclosable Pecuniary Interests and Non-Pecuniary Interests	
4.	Report of the Monitoring Officer (if any)	
5.	Members' Items (if any)	
6.	Public Questions and Comments (if any)	
7.	Business Planning	5 - 54
8.	Home Care Commissioning Strategy	To Follow
9.	Committee Forward Work Programme	55 - 64
10.	Any other items that the Chairman decides are urgent	

FACILITIES FOR PEOPLE WITH DISABILITIES

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

FIRE/EMERGENCY EVACUATION PROCEDURE

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

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

Do not stop to collect personal belongings

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

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

This page is intentionally left blank

Decisions of the Adults and Safeguarding Committee

2 October 2014

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)

Councillor Barry Rawlings
Councillor Philip Cohen
Councillor
Pauline Coakley Webb
Councillor Helena Hart

Councillor David Longstaff
Councillor Reema Patel
Councillor Reuben Thompstone

Apologies

Councillor Tom Davey

1. MINUTES

RESOLVED that the minutes of the meeting of 31 July 2014 be agreed as a correct record.

2. ABSENCE OF MEMBERS

Apologies for absence were received from Councillor Tom Davey.

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

Councillor Barry Rawlings declared a non-disclosable pecuniary interest in relation to Agenda Item 8 (Delivery of Health and Social Care Integration including through the Better Care Fund) by virtue of being a Member of Unison. Councillor Rawlings also declared a non-pecuniary interest in relation to Agenda Item 8 (Delivery of Health and Social Care Integration including through the Better Care Fund) by virtue of working for CommUnity Barnet.

Councillor Reema Patel declared a non-disclosable pecuniary interest in relation to Agenda Item 8 (Delivery of Health and Social Care Integration including through the Better Care Fund) by virtue of being a Member of Unison. Councillor Rawlings. Councillor Patel also declared a non-pecuniary interest in relation to Agenda Item 7 (Adults and Communities Delivery Unit Business Planning) by virtue of being a member of the New Local Government Network.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

There were none.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

Details of the questions asked and the published answers were provided with the agenda papers for the meeting. Verbal responses were given to the supplementary questions at the meeting.

Ms. Janet Leifer made a public comment in relation to Agenda Item 7 (Adults and Communities Delivery Unit Business Planning) Members asked questions following the comment, which were answered by Ms. Leifer

6. MEMBERS' ITEMS (IF ANY)

7. ADULTS AND COMMUNITIES DELIVERY UNIT BUSINESS PLANNING

The Strategic Director for Communities, Ms. Kate Kennally introduced the report, which set out suggested outcomes for the five Commissioning Plan, and identified the major challenges which the Committee would need to make commissioning decisions on over the next five years.

The Committee considered the Commissioning Intentions as set out in the report.

Following debate, Councillor Rajput moved that the Commissioning Intentions as set out in the report be amended as below. This was seconded by Cllr. Hart.

Commissioning Intention 1.10 – Carers:

1. To Prioritise meeting the needs of carers, including young carers, through assessment and support planning process and by better supporting carers physical and mental health needs

Commissioning Intention 1.11 – Cross cutting:

2. Promote and maintain the quality and consistency of *the social care workforce*. Ensure that the workforce development programme is focused on strengthening the quality and consistency of practice.

The Chairman moved to the vote. Votes were recorded as follows:

In Favour	4
Against	0
Abstentions	4

The motion was carried.

RESOLVED that the Adults and Safeguarding Committee agree the outcomes and commissioning intentions detailed in this report to inform the development of the Commissioning Plan as amended.

8. DELIVERY OF HEALTH AND SOCIAL CARE INTEGRATION INCLUDING THROUGH THE BETTER CARE FUND

The Adults and Communities Director, Ms. Dawn Wakeling introduced the report which presented the full business case for health and social care integration. The Committee noted the 5 tiers of the integrated care model, which were:

- Tier 1: Self Management
- Tier 2: Health and Wellbeing (Prevention)
- Tier 3: Case Studies

Tier 4: Community Based Intensive Support Services

Tier 5: Residential, Nursing and Acute Services.

The Committee considered the report.

Following debate, Councillor Rawlings MOVED that the item be referred up to Full Council for decision.

The referral was supported by:

Councillor Philip Cohen

Councillor Pauline Coakley Webb

Councillor Reema Patel

Having received the requisite number of support for referral, the item will be placed on the agenda for consideration by Full Council at its next meeting on 4 November 2014.

9. IMPLEMENTATION OF THE CARE ACT

Matthew Kendall, the Community & Wellbeing Assistant Director introduced the report, which provided an update on the progress made towards meeting the statutory requirements of The Care Act, and reported on updated financial modelling.

The Committee considered the report.

RESOLVED that:-

- 1) **The Committee note the progress made towards meeting the statutory requirements of the Care Act**
- 2) **The Committee note the update on the financial impact modelling;**
- 3) **The Committee note the timing and number of decisions required to be taken.**

10. MENTAL HEALTH SERVICES IN BARNET

James Mass, the Family and Community Well-being Lead Commissioner introduced the report, which set out a draft approach for the delivery of adult mental health services provided by the authority.

Members of the Committee requested that votes be taken separately on each recommendation contained within the report.

The Committee considered Recommendation 1:

“That the Adults and Safeguarding Committee approve the proposed commissioning intentions for mental health services contained within this paper”

Votes were recorded as follows:

For	4
Against	0

Abstention	4
------------	---

The motion was carried.

The Committee considered Recommendation 2:

“That the Adults and Safeguarding Committee instruct Officers to develop an implementation approach and plan to be brought back to this Committee for approval in spring 2015”

Votes were recorded as follows:

For	8
Against	0
Abstention	0

The motion was carried.

RESOLVED that:-

1. **That the Adults and Safeguarding Committee approve the proposed commissioning intentions for mental health services contained within this paper**
2. **That the Adults and Safeguarding Committee instruct Officers to develop an implementation approach and plan to be brought back to this Committee for approval in spring 2015**

11. COMMITTEE FORWARD WORK PROGRAMME

The Committee considered the Forward Work Programme as set out in the report.

The Committee noted that a special meeting of the Adults and Safeguarding Committee had been scheduled for 20 November 2014.

RESOLVED that the Committee note the work programme.

12. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

There were none.

The meeting finished at 9.40 pm

	AGENDA ITEM 7
	<h2>Adults and Safeguarding Committee</h2> <h3>20 November 2014</h3>
Title	Business planning
Report of	Strategic Director for Communities
Wards	All
Status	Public
Enclosures	Appendix A: Adults and Safeguarding Commissioning Plan 2015/16 to 2019/20 Appendix B: Financial profiles
Officer Contact Details	James Mass, Family & Community Well-being Lead Commissioner, 020 8359 4610, james.mass@barnet.gov.uk Karen Ahmed, Later Life Lead Commissioner, 0208 359 5186, karen.ahmed@barnet.gov.uk

<h2>Summary</h2>
<p>This report contains a proposed five-year Commissioning Plan for the Adults and Safeguarding Committee as set out at Appendix A. The Commissioning Plan sets out the strategic priorities, commissioning intentions and budget proposals of the Adults and Safeguarding Committee up to 2019/20 and will inform the consideration of the Council's medium term financial strategy to be considered by the Council's Policy and Resources Committee on 2 December 2014.</p> <p>The Commissioning Plan's priorities and commissioning intentions have been developed during previous meetings of the Adults and Safeguarding Committee on 31 July 2014 and 2 October 2014. In addition to the priorities and commissioning intentions, the Commissioning Plan now sets out the proposed revenue budgets up to 2019/20 for each of the main service areas within the remit of the Committee and the outcomes by which progress will be measured. The budget projections within the Commissioning Plan contain indicative figures through to 2020. These budgets will be formally agreed each year as part of council budget setting, and therefore could be subject to change.</p> <p>Appendix B of the Commissioning Plan profiles each of the revenue saving proposed from 2015/16 through to 2019/20 together with the capital requirements to deliver the plan during this period.</p>

Recommendations

- 1. That the Adults and Safeguarding Committee approves the Commissioning Plan (as set out at Appendix A) subject to consultation. The Commissioning Plan sets out the strategic priorities, commissioning intentions, outcome measures, revenue budgets and capital requirements for recommendation to the council's Policy and Resources Committee on 2nd December 2014.**
- 2. That the Adults and Safeguarding Committee agrees to public consultation on the Commissioning Plan commencing immediately following Policy and Resources Committee on 2nd December 2014, Policy and Resources Committee on 17 February 2015 are asked to agree the final Commissioning Plans.**
- 3. The Adults and Safeguarding Committee notes the need to develop performance targets for the proposed outcome measures and delegates approval of the final performance measures and targets to the Strategic Director for Communities, in consultation with the Chairman of the Adults and Safeguarding Committee.**

1. WHY THIS REPORT IS NEEDED

- 1.1 On 2 July 2014 the Adults and Safeguarding Committee noted the savings target allocated by the Policy and Resources Committee and agreed to complete a Commissioning Plan for consideration by the Policy and Resources Committee in December 2014. At its meetings on the 31 July 2014 and 2 October 2014, the Committee considered and agreed a suite of strategic outcomes and commissioning intentions to inform the development of the Commissioning Plan. These form the basis of the proposed Commissioning Plan set out in Appendix A.

1.1.1 The Commissioning Plan

The Commissioning Plan sets out the five year commissioning intentions of the Adults and Safeguarding Committee. The plan has been developed at a time when the number of frail older people in the borough is growing, the complexity of need amongst working age adults and older people is increasing and the Council will have new statutory responsibilities for adult social care. Against this backdrop, the council needs to make savings in the cost of its services. The Adults and Safeguarding Committee was tasked by the council's Policy and Resources Committee on 10 June with identifying £12.6m of saving for the period 2016/16- 2019/20.

The Commissioning Plan sets out the priorities and commissioning intentions of the Adults and Safeguarding Committee for 2015/16 through to 2019/20 together with proposed revenue budgets for each of the main service areas and the outcomes by which progress will be measured during this period. In summary, proposals within the Commissioning Plan to address the challenges, reshape services and deliver the savings for services within this committee area over the next five years include:

Alternative ways to deliver services, in partnership with other organisations and residents

- Integrating care and health services where this delivers the best outcomes.
- Introduce a 0-25 disabilities service to bring together health, care and education and support the development of more effective relationships of trust with families.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Stronger integration with customer services and public health to help people better self-manage and plan to age well.

Implementing the Care Act

- Re-modelling our approach to assessment and support planning to meet the increase in demand predicted to arise from the new cap on care costs.
- Improved advice and advocacy services with a greater availability of helpful information to support ageing well.
- Greater support to enable carers to continue in their caring role.

Going further with personalisation – developing more creative approaches to meeting care needs

- More creative and personalised support plans.

- Increased use of new support and enabling technologies.
- A shift from specialist segregated services to community settings.
- Support to remain at home for longer.

Focus of efficiency, effectiveness, and impact

- Challenge all services we commission, our own workforce and our partners to evidence the impact they have.
- Explore alternative delivery models for adult social care to maximise the Council's chance of achieving the above

None of this is easy and will require the Council to work more closely than ever with the residents, the voluntary and community sector, NHS, Department for Work and Pensions, Public Health and housing.

1.1.2 Outcome measures

The plan also sets out a number of outcomes measures where there is an ambition to maintain or improve service performance despite the financial and demographic challenges. It is proposed that numerical performance targets for the outcome measures will be developed in consultation with the Chairman of the Adults and Safeguarding Committee prior to the submission of the Commissioning Plan to the Policy and Resources Committee on the 2nd December 2014.

2. REASONS FOR RECOMMENDATIONS

- 2.1 This report sets out the Commissioning Plan of the Adults and Safeguarding Committee. It sets out how the Committee proposes to deliver revenue savings to deliver the target savings set by the Council's Policy and Resources Committee on 10 June 2014. It also sets out the capital requirements of the Committee. The Commissioning Plan and the proposals contained within the plan, will be considered by the Policy and Resources Committee on 2 December 2014 to develop the council's medium term financial strategy.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

At its meeting on 10 June 2014, the Policy and Resources Committee noted the findings of the Priorities and Spending Review, a process undertaken by Council officers to review budgets and to identify potential opportunities to meet the council's funding gap up to 2020. The Priorities and Spending Review was informed by public consultation, and officers engaged with all three main political parties over a period of 12 months. The report considered by Policy and Resources on 10 June 2014 set out options for the theme committees to consider in developing their responses to future budget challenges.

Over the summer, officers have supported members of the Adults and Safeguarding Committee to consider the proposals outlined in the Priorities and Spending Review. In developing options for members to consider, officers considered proposals to deliver savings in each area of the Adults and Safeguarding Committee's remit. Proposals to further disinvest in social care support over and above the proposals in this plan were not put forward in order to maintain the council's ability to meet its statutory duties in this area and provide services to keep the most vulnerable adults and older people safe. There have been no alternative options put forward by Adults and Safeguarding Committee as a result of this activity.

Within each area identified to deliver revenue savings there will be a number of alternative ways to deliver the saving. As each of these proposals are brought forward for the Adults and Safeguarding Committee to consider, the alternative options and the reason for the preferred option will be detailed.

4. POST DECISION IMPLEMENTATION

The Commissioning Plan will be considered by the Policy and Resources Committee on the 2nd December 2014. It will inform both the development of the Council's Corporate Plan and the council's medium term financial strategy up to 2020.

To deliver the plan, a range of proposals are being or will be brought forward for detailed consideration by the Adults and Safeguarding Committee. For

example, proposals that are currently in development and being considered by the Committee include;

- Alternative approaches to delivering services for people with mental health needs (report to Adults and Safeguarding Committee on 2 October 2014)
- Health and Social Care Integration for frail elderly people and those with long term conditions (report to Adults and Safeguarding Committee on 2 October 2014)
- Implementing the Care Act (reports to Adults and Safeguarding Committee on 31 July 2014, 2 October 2014 and 19 March 2015)

5. IMPLICATIONS OF DECISION

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

The Commissioning Plan sets out the revenue budget and capital requirements for the policy areas within the remit of the Adults and Safeguarding Committee. The budget projections within the Commissioning Plan contain indicative figures through to 2020. These budgets will be formally agreed each year as part of Council budget setting, and therefore could be subject to change.

The Commissioning Plan identifies areas where it is proposed to deliver savings to meet the financial challenges facing the council and in line with the target savings set by the Policy and Resources Committee on 10 June 2014. The Policy and Resources Committee tasked the Adults and Safeguarding Committee with developing proposals for savings of £12.6m between 2016/17 and 2019/20.

The areas where savings have been identified to be delivered by 2019/20 are detailed in Appendix B of the Commissioning Plan and include:

Revenue saving proposals 2015/16 – 2019/20

Service area/type of saving	15/16 (000s)	2016/17-2019/20 (000s)	Total (000s)
Housing	£2,200	£1,100	£3,300
Community Offer	£858	£1,000	£1,858
Carers	£550	£793	£1,343
Increased use of leisure	£660		£660
Improved first point of contact	£2,000		£2,000
Placement cost renegotiation	£1,200		£1,200
Workforce	£300	£1,700	£2,000
Procurement spend	£600	£2,600	£3,200
Independence of Young People		£500	£500
Support for Working Age Adults		£1,700	£1,700
Integrated Later Life Care		£1,000	£1,000
Shared services & alternative delivery models		£2,200	£2,200
Personal assistants		£200	£200

Legal and Constitutional References

- 5.1.1 All proposals emerging from the business planning process will need to be considered in terms of the Council's legal powers and obligations (including, specifically, the public sector equality duty under the Equality Act 2010) and, where appropriate, mechanisms put into place to ensure compliance with legal obligations and duties and to mitigate any other legal risks as far as possible. Many of the proposals are already subject to separate detailed project plans and reports to committee. The detailed legal implications of these proposals are included in these reports.
- 5.2.2 Constitution, Part 3, Responsibility for Functions – Section 3. The Adults and Safeguarding Committee has within its Terms of Reference the following:
- To be responsible for those powers, duties and functions of the Council in relation to Adults and Communities including the following specific functions:
 - Promoting the best possible Adult Social Care services

5.2 Risk Management

- 5.2.1 The Council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the

organisation. Risk management information is reported quarterly to the council's internal officer Delivery Board and to the relevant Committees and is reflected, as appropriate, throughout the annual business planning process.

Risks associated with each individual saving proposal will be outlined within the individual Committee report as each proposal is brought forward for the Committee to consider.

5.3 Equalities and Diversity

5.3.1 Equality and diversity issues are a mandatory consideration in the decision-making of the council. This requires elected Members to satisfy themselves that equality considerations are integrated into day to day business and that all proposals emerging from the finance and business planning process have properly taken into consideration what impact, if any, there is on any protected group and what mitigating factors can be put in train.

5.3.2 In particular, at its meeting on 10 June 2014, the Policy and Resources Committee advised the Theme Committees that they should be mindful of disadvantaged communities when making their recommendations on savings proposals. The proposals and priorities within the Commissioning Plan have been developed to minimise the impact on the most vulnerable groups of adults, through targeted use of resources on effective early intervention and prevention services for vulnerable adults and their carers and maximising the use of alternative mainstream opportunities whilst continuing to provide specialist input where required.

5.3.3 As individual proposals are brought forward for consideration by the Adults and Safeguarding Committee, each will be accompanied by an assessment of the equalities considerations, setting out any potential impact of the proposal and mitigating action. Equalities impact assessments have been carried out for the proposals for 2015-6 and no significant adverse impact has been identified. These will inform any decision taken at the Policy and Resources Committee on 17 February 2015. The equalities impact of all other proposals for subsequent years will be reviewed as proposals develop and will inform the final decision making and budget setting for the appropriate year.

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

5.4 Consultation and Engagement

Public consultation will commence on all committee Commissioning Plans following Policy and Resources Committee on 2 December 2014, before final Commissioning Plans are agreed by Policy and Resources Committee on 17 February 2015.

Public consultation will take place on individual proposals where required to deliver the savings identified before final decisions are taken by the Committee and savings plans are formalised in the council's annual

budget. Future consultation and engagement will be informed by the consultation work that has already been carried out as part of the Priorities and Spending Review process during which a comprehensive series of resident engagement activities took place in order to understand their priorities for the local area and look at how residents and organisations can support services going forward.

6. BACKGROUND PAPERS

- 6.1 Adults and Safeguarding Committee, 2 July 2014. Item 5 - Business Planning
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7929&Ver=4>
- 6.2 Adults and Safeguarding Committee, 31 July 2014. Item 7 – Business Planning
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7930&Ver=4>
- 6.3 Adults and Safeguarding Committee, 2 October 2014.
Item 7 – Business Planning.
Item 8 - Delivery of Health and Social Care Integration.
Item 9 – Implementation of the Care Act.
Item 10 – Mental Health Services in Barnet.
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7931&Ver=4>

This page is intentionally left blank

Appendix A - Adults & Safeguarding Committee - Commissioning Plan 2015 - 2020

1. The context for the development of this plan.

Public services in England during the decade 2010-2020 face an unprecedented challenge as the country deals with the impact of the financial crisis of 2008, alongside the opportunities and challenges that come from our changing and ageing population.

Despite a growing economy, the UK budget deficit is forecast to be £75bn at the 2015 General Election, with cuts set to continue to the end of the decade no matter who is in Government. At the same time, demand on local services continues to increase, driven by a growing population, particularly the number of young and older residents. We therefore must plan for the fact that austerity will affect all parts of the public sector to the end of the decade and that we will not be able to meet increasing levels of demand by simply doing more of what we are currently doing.

The public too, does not expect simply more of the same. Expectations of local services are increasing, advances in customer services and technology provide the ability to interact with services 24/7. Local residents as a result expect better services and more prompt responses from the Council. However satisfaction with the Council and local services remains relatively high in Barnet, and over recent years resident satisfaction with a number of local services has increased, despite these challenges.

In thinking about how the Council lives within its means, the Council needs to recognise that residents are also facing wider financial pressures, from high energy bills, increasing housing costs, continued wage restraint, and benefit reforms, so the ability of many households to absorb the impact of reductions from public sector funding through increased financial contributions is constrained.

We can however expect over the duration of this plan that significant opportunities will flow from Barnet being part of a growing and arguably booming London economy. Unemployment levels have fallen by a third in the last year, the number of 16-18 year old 'NEETs' in Barnet is, at 2.3%, the fourth lowest in England and fewer Barnet residents are claiming out-of-work benefits than the London average. This plan needs to ensure that all residents of Barnet can benefit from the opportunities of growth, whether through new employment opportunities, increased investment in infrastructure such as roads and schools, or enjoying new neighbourhoods and places in which all people can live and age well.

Barnet Council's Overarching Approach to meeting the 2020 Challenge

The Council's Corporate Plan sets the framework for each of the Commissioning Committees' five year commissioning plans. Whether the plans are covering services for vulnerable residents or about universal services such as the environment and waste, there are a number of core and shared principles which underpin the commissioning outcomes.

The first is a focus on fairness.

Fairness for the Council is about striking the right balance between fairness towards the more frequent users of services and fairness to the wider taxpayer and making sure all residents from our diverse communities - young, old, disabled, and unemployed - benefit from the opportunities of growth.

The Council must 'get the basics right' so people can get on with their lives – disposing of waste, keeping streets clean, allowing people to transact in more convenient ways, resolving issues promptly in the most cost effective way.

We must shift our approach to earlier intervention and demand management. Managing the rising demand on services requires a step change in the Council's approach to early intervention and prevention. Across the public sector, we need to work with residents to prevent problems rather than treating the symptoms when they materialise.

The second is a focus on responsibility.

Continue to drive out efficiencies to deliver more with less. The Council will drive out efficiencies through a continued focus on workforce productivity; bearing down on contract and procurement costs and using assets more effectively. All parts of the system need to play their part in helping to achieve better outcomes with reduced resources.

Change its relationships with residents, with residents working with the Council to reduce the impact of funding cuts to services. In certain circumstances, residents will also need to take on more personal and community responsibility for keeping Barnet a great place particularly if there is not a legal requirement for the Council to provide services. In some cases users will be required to pay more for certain services as the Council prioritises the resources it has available.

The third is a focus on opportunity.

Prioritise regeneration, growth and maximising income – Regeneration revitalises communities and provides residents and businesses with places to live and work. Growing the local tax base and generating more income through growth and other sources makes the Council less reliant on government funding; helps offset the

impact of service cuts and allows the Council to invest in the future infrastructure of the Borough.

Redesign services and deliver them differently through a range of models and providers - The Council has no pre-determined view about how services should be designed and delivered. The Council will work with providers from across the public, private and voluntary sectors to provide services which are more integrated, through a range of models most appropriate to the service and the outcomes that we want to achieve.

Planning ahead is crucial - The Council dealt with the first wave of austerity by planning ahead and focusing on the longer-term, thus avoiding short-term cuts - the Council is continuing this approach by extending its plans to 2020.

Adults and Safeguarding Committee Commissioning Plan

Adults and Safeguarding Committee agreed the priorities and key outcomes which will inform the 5 year Commissioning Plan at the Committee meeting on 30 July 2014. This Commissioning Plan outlines how the London Borough of Barnet will manage the key changes required by the Care Act, health and social care integration at a time of rising demand, increased expectations and shrinking resources. In order to allow for the Council to live within its means, the Adults and Safeguarding Committee has been required to identify £12.6m of savings through to 2020.

In addition, during the period of this plan, the Care Act 2014 will be implemented. The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support together with a Central Government commitment to make joined-up health and care the norm by 2018. For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care as well as giving carers new rights to support that put them on the same footing as the people they care for. These two significant and welcomed changes will lead to an increased demand for adult social care support over and above the increased levels of demand from demographic pressures referred to above. At the time of setting this plan, the Council has estimated that the costs of implementing the Care Act during the duration of this plan could amount to an additional £7.8m recurring commitment by 2020.

The key priorities and outcomes reflect the corporate ambition to ensure that the London Borough of Barnet focuses its resources on those most in need whilst supporting people to help themselves as much as possible. In addition the priorities and outcomes are in keeping with those of local and national policy, legislation and feedback from service users and carers.

The Committee's vision is that all adults will be given the opportunity to live well, age well and stay well. This means that all adults will feel safe and be safe in their

environment. Financial constraints should not hinder the delivery of good outcomes for all but to achieve this Barnet's community will need to continue to play an important part, creating responsive and responsible neighbourhoods and communities in which vulnerable adults can live well and with personal autonomy, meeting principles of fairness through a targeting of resources on those that need it most. In order to support our growing and ageing population we will need a stronger focus on prevention and early intervention with a reshaped specialist care offer for those that need it. The commissioning intentions described below support this vision.

In summary we need to redesign the current offer and find new ways to reduce the demand for adult social care through enabling people to live healthier, full and active lives and to take responsibility for their future as they plan to age well. For those that need care and support, we need to find ways to improve the quality of services whilst reducing overarching care packages costs through more creative and personalised support plans, improved carer support, use of new technologies and integrating care and health services where this delivers the best outcomes. As the Borough grows, the new communities created need to be inclusive for adults with disabilities and support residents to age well in Barnet.

In summary, proposals within the Commissioning Plan to address the challenges, reshape services and deliver the savings for services within this committee area over the next five years include:

Alternative ways to deliver services, in partnership with other organisations and residents

- Integrating care and health services where this delivers the best outcomes.
- Introduce a 0-25 disabilities service to better bring together health, care and education and support the development of more effective relationships of trust with families.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Stronger integration with customer services and public health to help people better self-manage and plan to age well.

Implementing the Care Act

- Re-modelling our approach to assessment and support planning to meet the increase in demand predicted to arise from the new cap on care costs.
- Improved advice and advocacy services with a greater availability of helpful information to support ageing well.
- Greater support to enable carers to continue in their caring role.

Going further with personalisation – developing more creative approaches to meeting care needs

- More creative and personalised support plans.

- Increased use of new support and enabling technologies.
- A shift from specialist segregated services to community settings.
- Support to remain at home for longer.

Focus of efficiency, effectiveness, and impact

- Challenge all services we commission, our own workforce and our partners to evidence the impact they have.
- Explore alternative delivery models for adult social care to maximise the Council’s chance of achieving the above.

None of this is easy and will require the Council to work more closely than ever with the residents, the voluntary and community sector, NHS, Department for Work and Pensions, Public Health and housing. The overarching priorities and key outcomes for the Adults and Safeguarding Committee commissioning plan which were agreed on the 30 July 2014 are as follows.

Barnet’s Adult Social Care Outcomes 2015-2020

Underpinning this Commissioning Plan are six outcomes that shape the commissioning intentions contained within this plan. These have been developed based on consultation undertaken as part of the Priorities and Spending Review Process, review of best practice as well as linking to the Council’s overarching strategic priorities and principles. The Council cannot achieve these outcomes alone, but they represent the ambition that we have for the residents of the Borough who require social care services or who use the Council’s leisure provision. Within the resources available to the Committee up to 2020, achieving the following outcomes will steer the strategic decision making in relation to service delivery and investment.

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>

<p>Early Intervention and Prevention</p>	<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>
<p>Person centred Integrated support</p>	<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 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>
<p>Safeguarding</p>	<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>

About this Plan

This commissioning plan has been developed in sections for the following service components that make up the Adults and Safeguarding Committee's remit:

- Social Care Services for Adults with a Learning Disability
- Social Care Services for Adults of Working Age with Mental Health Needs
- Social Care Services for Adults with a physical disability / sensory impairment
- Social Care Services - Information, Advice and Prevention Services
- Social Care Services for Older People
- Social Care Services for Carers
- Leisure Services (sports centres) provided by the Council
- Cross-cutting commissioning intentions.

For each service component, the strategic direction is set out together with the commissioning intentions, proposed revenue budget up to 2020 and the outcomes to be achieved.

1. Service component: Adults with Learning Disabilities

Over recent years significant progress has been made in improving social care services for adults with learning disabilities. This has been through **moving away from specialist segregated services** which often overly restricted their lives to community based opportunities, building on friendships and relationships, utilising the flexibilities provided by personalisation, a wider range of housing options. However, the Council is ambitious to do more to further improve outcomes and reduce cost for this cohort.

The **introduction of a 0-25 disabilities** service that better brings together health, care and education should support the development of more effective support for families and disabled children, improve the way in which agencies work together in partnership with families and help young people to achieve more. Our ambition is **every young person with a disability will have the opportunity to live in their own home as a part of their family and local community** and not in registered care homes often out of the Borough.

Services will also recognise that adults with learning disabilities deserve to have the same rights and opportunities as everyone else to live a full life, realising their ambitions whether that be to contribute economically to society, have fulfilling relationships or to remain close to families and friends, receiving specialist support as and when they need it. As such, through every contact with services, the Council will seek to maximise the opportunities that people with learning disabilities have, using a wide range of resources and different approaches which include increasing the use of social networks and ordinary mainstream activities. Where possible **specialist segregated services will be minimised** and instead, learning from the lessons of Winterbourne View, people will receive the specialist support they require in a community setting where both they and those that support them can develop the skills they need in a respectful and dignified way that values the individual.

In addition, the Council needs to ensure a more creative and cost effective review and support planning process which **promotes an ordinary life and can take advantage of housing, technology, employment and other support options.**

For residents this will mean:

- Better planning and support to support children and young people with disabilities to achieve their personal potential for independence in adulthood. There will be a reduction in use of specialist residential placements in adolescence and transitions.
- Greater involvement in the planning of care services and use of direct payments to fund care and support.
- A smoother journey through childhood, adolescence and early adulthood.
- Some individuals in residential care will be supported to transition to supported living where appropriate.

- More travel training to support people to travel more independently

For suppliers this will mean:

- A continued shift from out-of-Borough provision to Barnet provision.
- A shift in demand and spend from expensive specialist registered provision to community based services.
- Increased demand for enabling technologies to replace face to face care where appropriate.
- Refocussing of day care to employment support.
- Integrated specialist support for people with complex disabilities is delivered locally as part of a community based offer.

1a Commissioning intentions:

	Commissioning intention	What needs to happen?
1	Implement a 0-25 disabilities service that better brings together health, care and education to enable young people with disabilities to fulfil their potential to be an active citizen and improves relationships between families and the local authority.	<ul style="list-style-type: none"> - Business case for 0-25 service presented to committee in spring 2015. - Mobilisation of the new model by autumn 2015. - Development of shared decision making and funding arrangements by March 2016. <p>Some rebalancing of cost from expensive specialist provision to preventative and enabling services commencing from 16/17.</p>
2	Increase the supply and take-up of supported living and independent housing opportunities supporting more people to live in a home of their own with support and not in residential care.	<ul style="list-style-type: none"> - Work with private landlords and other organisations to increase the supply of housing options during 15/16 and beyond. - Utilise the housing revenue account to develop new supported living accommodation options. - Work effectively with individuals and their families to enable moves out of residential care where appropriate.
3	Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with learning disabilities to live more independently.	<ul style="list-style-type: none"> - Review of the section 75 agreement for health and social care learning disabilities services by summer 2015. - Further testing and embedding of new review approach in 15/16. - Continued exploration of alternative support planning processes including the Centre for Independent Living in 15/16. - Implementation of Care Act and new IT to include training on community resources and family networks. - Increase range of technology on offer and

	Commissioning intention	What needs to happen?
		support offered to take this up as part of the assessment and support planning process by March 2016.
4	Improve the carer's offer and support planning process to ensure carers feel able to continue to support an individual for as long as they can. This should enable a reduction in the number of carer breakdowns and improved family satisfaction from sustaining the family environment.	- A strengthened carer focused approach to be implemented as part of the Care Act implementation programme by April 2015.
5	Stimulate the market to encourage providers who can effectively focus on enablement and personal development.	- Enhance commissioning strategies and ensure procurement exercises incentivise enablement and development by summer 2015. - Offer a series of workshops highlighting best practice and enabling the identification of outcomes to be delivered in 15/16. - Develop a toolkit with providers to use to evidence outcomes (e.g. outcomes star) by March 2016.
6	Develop the employment support offer for adults with learning disabilities and ensure there are sufficient employment opportunities available in the Borough. Raise employment aspirations as a key component of the review and support planning process and increase the proportion of adults with learning disabilities in employment.	- Identify the potential to increase the proportion of adults with learning disabilities in employment by summer 2015. - Develop a strategic partnership between social care, public health and Job Centre Plus to increase the number of people with learning disabilities in employment. - Offer work placements / trials in the Council and across the strategic partnership in Barnet to enable the development of individual work portfolios and employment opportunities. - Council contracts to include the requirement to increase the number of disabled people in paid employment.

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support

- Safeguarding
- Carers

1b Outcome measures

Measure	Baseline – 13/14	Target - 19/20
% of people with a learning disability receiving direct payments	20.5% (P)	Increase
Proportion of people with learning disabilities who feel safe	To be baselined	Increase
Proportion of adults with learning disabilities in paid employment	9.4%(P)	Increase
Proportion of adults with learning disabilities who live in stable accommodation	58.1% (P)	Increase
Proportion of people with learning disability accessing telecare	To be baselined	Increase
Average weekly cost of care for people with learning disability	£1483 (P)	Decrease

1c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16	19/20
General fund budget	£34.35m	£31.20m	£31.77m
		<i>Taking account of:</i>	<i>Taking account of:</i>
Savings		(£3.46m)	(£4.37m)
Inflation		-	£1.85m
Demographic growth		£0.31m	£3.09m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

2. Service component: Working Age Adults with Mental Health Needs

Adults with a severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of worklessness, social isolation, poorer physical health and insecure housing arrangements all of which create demand on other elements of the state for support.

Across London and in Barnet adult mental health services across the NHS and social care are under considerable pressure. As the number of acute in-patient beds decreases, the pressure on social care budgets for adult mental health services now represents the fastest area of demand-led spend.

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

In Barnet, there are instances where individuals are being placed in residential settings because of a lack of local supply of alternatives. There is the need for the **development of a wide range of accommodation options**, including home ownership schemes, with a varying spectrum of support to meet the differing needs of the adult mental health population. The quality and availability of community mental health support will drive demand for restrictive and traditional placements where quality is poor or where support is not provided in a timely and accessible manner.

For residents this will mean:

- Improved whole system response when mental health issues arise that supports recovery, social inclusion and enablement.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Greater involvement in the planning of social care services and use of direct payments to fund care and support.

For suppliers this will mean:

- A new specification for mental health social work focused on employment, housing, earlier intervention and enablement.
- A shift in demand and spend from expensive specialist registered provision to community based services.
- Increased demand for community based services including early intervention and prevention.
- Greater integration of housing functions with social care.

2a Commissioning intentions:

	Commissioning intention	What needs to happen?
1	<p>The re-focusing of social care on recovery, social inclusion and enablement. This will require a redefining of the integrated services model with the mental health trust to enable both parties to focus on core competencies and develop effective partnership practice.</p> <p>A smaller number of social workers would be based within the Mental Health Trust to support effective crisis resolution and effective management of people subject to community treatment orders and section 117.</p>	<ul style="list-style-type: none"> - Development of new model for social care to include stronger working with primary care. Redefine the mental health social work role to provide a move away from delivery of the approved mental health professional (AMPH) role and care co-ordination to one which focuses on promoting recovery and social inclusion with individuals and families by summer 2015.
2	<p>Review delivery models to ensure that the social work service for working age people with mental health issues can best focus on the quality of services and strengthen the voice of both workers and service users. We will have a model for social work which is commissioned to promote recovery, maximise inclusion and reduce long term care costs. This will require working co-productively and innovatively with local communities, primary care and housing providers to support community capacity, personal and family resilience, earlier intervention and active citizenship.</p>	<ul style="list-style-type: none"> - Delivery model options appraisal completed by June 2015. - Develop a 'community budgets' based approach to ensure that mental health services are effectively incentivised to reduce the overall public sector burden of mental illness within Barnet, particularly to address issues of long term worklessness by March 2016.
3	<p>Introduce a 'Consultant Social Worker' role to work with acute mental health services and children's social care. The role will provide independent review and challenge to support plans and proposed changes to ensure all appropriate support opportunities are explored and provided in situations characterised by high</p>	<ul style="list-style-type: none"> - Development of 'Consultant Social Worker' role by spring 2015.

	Commissioning intention	What needs to happen?
	levels of social, family and interpersonal complexity, risk and ambiguity.	
4	Align social work delivery model with community development, whole family approaches and wider wellbeing, particularly focusing on tackling social exclusion and worklessness.	<ul style="list-style-type: none"> - Working closely with other public sector agencies such as Job Centre Plus, develop a clear pathway to support people with mental health problems back into work by summer 2015. - Explore opportunities for the social work delivery model to be jointly commissioned by Job Centre Plus to ensure people are work ready and supported back into work by March 2016.
5	Increase the range of sustainable accommodation options for people with mental health problems in conjunction with the NHS. There is a compelling evidence base that where we live has a significant impact on our mental health. For the NHS, inadequate access to housing increases costs and demand for acute services. Supported housing for people with a mental illness could benefit the NHS year in and year out to a suggested annualised return of investment of 7% when compared to inpatient care or residential provision.	<ul style="list-style-type: none"> - Needs assessment and supply analysis of housing options and housing support completed as part of the work on Housing Strategy by spring 2015. - Development of commissioning approach by summer 2015.
6	Promoting mental well-being and reducing stigma through establishing joint commissioning of social care with public mental health provision.	<ul style="list-style-type: none"> - Including mental health within the preventative agenda as an equal to physical health, and targeting support at those with known risk factors, will create reduced demand and allow earlier intervention.

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support
- Safeguarding
- Carers

2b Outcome measures

Measure	Baseline – 13/14	Target - 19/20
Proportion of people with mental health needs who feel safe	To be baselined	Increase
Proportion of adults with mental health needs in paid employment	5.7% (P)	Increase
Proportion of adults with mental health needs who live in stable accommodation	71% (P)	Increase
Proportion of people with MH volunteering	New indicator	Increase
Proportion of people with MH accessing telecare	To be baselined	Increase
Admissions to residential care	New indicator	Decrease
Average weekly cost of supporting adults with mental illness in residential and nursing care	£870.64 (P)	Decrease

2c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16	19/20
General fund budget	£7.98m	£6.89m	£7.31m
		<i>Taking account of:</i>	<i>Taking account of:</i>
Savings		(£1.14m)	(£0.51m)
Inflation		-	£0.41m
Demographic growth		£0.05m	£0.51m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

3. Service component: Disabled working age adults with physical disabilities or sensory impairments

Significant progress has been made in supporting disabled working age adults with physical disabilities, sensory impairments and long-term conditions through developments in healthcare, enablement, personalisation – in particular direct payments, and more opportunities for disabled people to carry on working. All of these initiatives have improved the quality of life for disabled working age adults and contributed to them being, and feeling, in control. We need to build on this foundation, working closely with people to design how people access the kind of help they want.

The **introduction of a 0-25 disabilities service** that better brings together health, care and education should support the development of more effective relationships of trust with families, improve the way in which agencies work together in partnership with families and help young people to achieve more.

In addition, health and social care integration, **increasing use of technology, promotion of accessible housing**, whether through DFGs or lifetime homes, ensuring that people have access to skills development such as self-management and support to help **people get back on their feet through enablement** will all contribute to ensuring that an increasing number of people stay as independent as possible. As a result we will see more disabled adults living fuller lives as an active and valued member of their local communities.

For the cohort of individuals already receiving services, the Council needs to ensure a **more creative and cost effective review and support planning process** that not only builds upon peoples' abilities and choices but also can take advantage of housing, technology, employment and other support options.

For residents this will mean:

- Better planning and support to support the growth and development of children and young people with disabilities which also results in a reduced need for social care services.
- Greater involvement in the planning of care services.
- A smoother journey through childhood, adolescence and early adulthood.
- Better support to live independent lives.

For suppliers this will mean:

- A shift in demand and spend from expensive specialist provision to community based services. There will always be a demand for high quality specialist services.
- Increased demand for enabling technologies.
- Refocussing of day care

3a Commissioning intentions:

	Commissioning intention	What needs to happen
1	Implement a 0-25 disabilities service that better brings together health, care and education to enable young people with disabilities to fulfil their potential to be an active citizen and improve relationships between families and the local authority	<ul style="list-style-type: none"> - Business case for 0-25 service presented to committee in spring 2015. - Mobilisation of the new model by autumn 2015. - Development of shared decision making and funding arrangements by March 2016. - Some rebalancing of cost from expensive specialist provision to preventative and enabling services commencing from 16/17.
2	Increase the supply and take-up of supported living and independent housing opportunities supporting transitions from those currently in residential settings. This should lead to improved outcomes for adults supported to live more independent lives.	<ul style="list-style-type: none"> - Work with private landlords and other organisations to increase the supply of housing options during 15/16 and beyond. - Utilise the housing revenue account to develop new supported living accommodation options. Work effectively with individuals and their families to enable moves out of residential care where appropriate.
3	Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with disabilities to live more independently.	<ul style="list-style-type: none"> - Further testing and embedding of new review approach in 15/16. - Continued exploration of alternative support planning processes including the Centre for Independent Living in 15/16. - Implementation of Care Act and new IT to include training on community resources and family networks. Increase range of technology on offer and support offered to take this up as part of the assessment and support planning process by March 2016.
4	Commission an integrated health and social care service for those with long term conditions.	<ul style="list-style-type: none"> - Finalise and agree the health and social care integration business case. - Agree funding and risk share arrangements. - Section 75 agreement in place that includes joint equipment service by April 2016.
5	Commission high quality flexible specialist home support services including personal assistants (PAs).	<ul style="list-style-type: none"> - Develop homecare strategy to inform the tender of homecare services. - Develop the PA strategy to increase the number of PAs in Barnet

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support
- Safeguarding
- Carers

3b Outcome measures

Measure	Baseline – 13/14	Target - 19/20
Proportion of adults with physical disabilities/sensory impairment who feel safe	To be baselined	Increase
Proportion of people with physical disabilities/sensory impairments who receive direct payments	To be baselined	Increase
Proportion of adults with physical disabilities or sensory impairments known to our services in paid employment	New indicator	Increase
Proportion of people with physical disabilities or sensory impairments volunteering	New indicator	Increase
Proportion of people with physical disabilities or sensory impairments accessing telecare	New indicator	Increase
Average <i>weekly</i> cost of <i>residential and nursing care</i> for people with a) physical disabilities or b) sensory impairments	a)£1066.30 (P) b) New indicator	Decrease
Number of people with physical disabilities or sensory impairments accessing housing advice and adaptations	New indicator	Increase
Number of people with long term conditions accessing self-management support	New indicator	Increase
Number of residential care admissions	To be baselined	Decrease
Number of emergency hospital admissions	New indicator	Decrease

3c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16		19/20
General fund budget	£6.64m	£6.00m		£5.90m
		<i>Taking account of:</i>		<i>Taking account of:</i>
Savings		(£0.70m)		(£1.10m)
Inflation		-		£0.36m
Demographic growth		£0.06m		£0.63m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

4. Service component: Older People: Feeling Well, Enjoying Life

Barnet will experience one of the largest increases in elderly residents out of all London Boroughs over the next five to ten years. This is because the life expectancy of our residents is growing due to the general good health of our population. There are currently 52,000 people in Barnet over the age of 65, and this will increase to 59,800 by 2020.

More than half of our residents aged 65 and over will not acquire a limiting long-term illness and Barnet Council wants to increase this proportion by encouraging people to stay healthy, well and independent, living life to the full. Our older people are a significant resource – nationally **58% of people aged 65 and over are volunteers**, and local surveys have indicated that the proportion may be higher in Barnet. In addition, Barnet Council wants those older people who do suffer from a long-term illness to take advantage of the full range of opportunities on offer so that they too maximize their independence and well-being.

Not only does this approach benefit older residents, but it also means that there will be less call on our health and social care services as many of the health conditions experienced in old age are preventable. For example, obesity increases the risk of Type 2 diabetes twenty-fold and doubles or triples the risk of other chronic conditions including high blood pressure, heart disease, and colon cancer. Smoking accounts for nearly one-fifth of all deaths from cardiovascular disease. Men who smoke increase their risk of dying from lung cancer by 22 times, and women by nearly 12 times. Studies have shown that activities such as ballroom dancing can reduce or delay dementia, and that the reduction of social isolation can reduce visits to the GP from 13 visits a year to 5 or 6 times a year.

The commissioning outcomes in this service component therefore focus on **keeping older people healthy and well for longer**, and in supporting those people who have been unfortunate enough to need a little bit of help to access that support in a timely fashion but in a way that means that older residents are still firmly in control of their own lives.

The commissioning intentions focus on enabling older residents, and their families, to be able to find out about what is available in the Borough whether looking for advice about making homes easier to live in, interesting activities to do or opportunities to continue working or volunteering. Not all of the opportunities that older residents will want to engage in will be run by or even commissioned by the Council. **Many services will be run by older people themselves**. Barnet Council also recognizes that older people will often prefer to receive a little bit of help from a friendly neighbour who they can help in return rather than through a commissioned service. The role of Barnet Council will be primarily in removing barriers from communities supporting each other, and in ensuring that with health colleagues, there is a **robust prevention offer** which delays, reduces or avoids the need for care and support through targeted health promotion services, such as self-

management, a wide range of assistive technology and equipment and a full range of easily available information and advice services.

For residents this will mean:

- Improved advice and advocacy services with a greater availability of helpful information to support ageing well.
- An increased use of new technologies to support independence and safety.
- New opportunities to develop local communities and continue to contribute positively to society.

For suppliers this will mean:

- New specifications for services.
- An increase in demand for assistive technology, equipment, adaptations.

4a Commissioning intentions:

	Commissioning intention	What needs to happen
1	To develop improved information, advice and planning services	<ul style="list-style-type: none"> - New information, advice and advocacy services to be commissioned by April 2015 - Social Care Connect to be reviewed and improved by April 2015 - Database of all voluntary and community organisations to be developed by September 2015
2	To promote digital inclusion, assistive technology, equipment, adaptations	<ul style="list-style-type: none"> - Enhanced advice and adaptation service to be offered from April 2016
3	To increase social networks and community connections	<ul style="list-style-type: none"> - Establish Dementia Friendly Communities from April 2014 - Continue with neighbourhood services and later life planners - Expand navigator service (part of health and social care integration) to include developing social networks from April 2015
4	To commission and influence the development of opportunities for older people to continue working or offer mentoring	<ul style="list-style-type: none"> - Continue to promote Trading Times - Promote mentoring as part of the volunteering offer
5	To develop a joined up prevention offer which is easy to recognise and use	<ul style="list-style-type: none"> - Identify funding to further this as part of Tier 2 of the HSCI model
6	To commission the best delivery vehicle possible to support older people who need a little bit of help	<ul style="list-style-type: none"> - Review the current offer in the light of HSCI and the Care Act and develop an option to improve delivery and increase independence and well-being

These commissioning intentions will contribute to the following outcomes:

- Early Intervention and Prevention
- Person centred Integrated support
- Carers

4b Outcome measures

Measure	Baseline – 13/14	Target - 19/20
Number of people who are supported by later life planners to develop plans and other navigator services.	New indicator	Increase
Number of older people who access services to help them plan financially.	New indicator	Increase
Number of older people who volunteer.	New indicator	Increase
Number of older people supported to remain in employment through later life planning.	New indicator	Increase
Number of older people given advice and supported to adapt homes or move.	New indicator	Increase
Number of older people who take up leisure services.	New indicator	Increase
Number of people who have as much social contact they want with people they like (PHOF) <i>a) all service users b) older people.</i>	a)41.1% (P) b)41.8% (P)	Increase
Loneliness is something that affects my life (CTEL measure).	New indicator	Decrease

4c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16	19/20
General fund budget	£1.08m	£1.08m	£1.09m
		<i>Taking account of:</i>	<i>Taking account of:</i>
Savings		(£0.00m)	(£0.04m)
Inflation		-	£0.05m
Demographic growth		-	-

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

5. Service component: Older People Social Care Services

Barnet's Health and Wellbeing Strategy sets out the Borough's ambition to make Barnet 'a place in which all people can age well'. With the increasing numbers of older people, and the expectations about the kind of care and support available, the challenge is to make this a reality in the context of rising health and social care needs among older people, and the financial pressures facing both the Council and the NHS. The challenge for both agencies is significant - approximately 45% of the adult social care budget and 70% of the health budget is spent on frail older residents with complex needs.

In order to deliver the quality of care and support that our older residents deserve, **Barnet Council will tackle the reasons why older people need social care – poor health, unsuitable housing, loneliness and carer breakdown.** The limited resources that the Council has will focus on support for the most vulnerable older people that cannot be provided by any other means.

At present, there is estimated to be 23,355 people aged 65 or over in Barnet with a limiting, long term illness – approximately 45% of people aged 65 and over. This particular cohort is expected to increase by more than 20% over the next ten years and in addition this cohort overlaps with an estimated 17,922 over 65s unable to manage at least one self-care activity on their own. The conditions most commonly associated with ageing are: coronary heart disease and stroke, diabetes, cancer, chronic pulmonary obstructive disease, incontinence, Alzheimer's disease and other forms of dementia, osteoporosis and osteoarthritis. Older people may also experience some decline in hearing, vision, physical strength and balance and there may be some loss in mental acuity.

The chances of developing dementia are significantly increased in old age. Barnet will experience an increase in the volume of dementia cases reported, because the life expectancy of its residents is continually increasing. **In 2012, Barnet had a higher population of adults with dementia than any other London Borough** (the 2012 percentage was also significantly higher than national averages). In 2014, there was estimated to be 4,000 people living in Barnet with dementia. This number is rapidly increasing (1.5 times faster than other London locations) making this a key challenge for health and social care.

As the number of older people requiring social care support increases because of illness, it is essential they are offered services that help them to remain independent and live healthily in their own homes for as long as possible. They need access to crisis response services, and support to recover quickly from illness. Barnet Council will ensure, with health colleagues, that the required community provision is in place to enable older adults to be better supported at home, avoiding the need for hospital or residential care admissions. In addition, residents will receive high quality, compassionate care that is designed to meet their personal needs delivered by an appropriately skilled workforce. Such provision will also delay and reduce the

potential requirement for a higher cost traditional package of care. When a hospital admission does become necessary, Barnet Council will support patients to be discharged and returned to their home as quickly and as efficiently as possible. This will reduce the need for care home placements.

Housing which supports people to live as independently as possible is crucial for all older people but can particularly restrict the lives of people who require health or social care services. The impact of having a fall, for example, for someone who has arthritis or who has limited mobility because of a stroke, can result in long-term complications significantly affecting the person's quality of life and costing social care services up to £17,000 per person. The total social cost of falls alone to Barnet Council is over £19,000,000 based on the projected number of falls of 1135. (Projected Older People Population Information Systems analysis of ONS data). Barnet Council will ensure that there is a choice of available housing within the Borough, which through the design, supports to enable older people to age well and live life to the full.

Traditionally, care packages have focused entirely on service delivery. Older people and their families have reported that they do not always feel fully in control of their lives, and many older people feel that services present a barrier to remaining connected to social and family networks. Other older people have become more socially isolated and lonely as their families move away, their neighbourhood changes and their own health prevents them from engaging as actively as they used to. **Barnet Council will use every contact to actively reconnect people with their family and social networks and communities**, using such services as enablement, not only to help people get back on their feet, but wherever possible as a step on the way to develop or redevelop contact with local people and community based resources. With over 5,000 older people aged 75 and over who are socially isolated and at risk of being lonely, this is an essential development in ensuring that Barnet's older residents have a good quality of life.

For residents this will mean:

- The right support to remain at home for longer - with greater use of technology to help keep people safe
- Greater use of direct payments and self-directed support.
- Greater choice and flexibility of accommodation options and home based support.

For suppliers this will mean:

- New contracts for home based support that further focus on achievement of outcomes.
- A shift in demand from acute and residential provision to community based support.
- Single contracts for health and social care provision.

5a Commissioning intentions:

	Commissioning intention	What needs to happen
1	Commission an integrated health and social care service for frail older people and those with long term conditions. Consider alternative models of delivery to ensure best fit.	<ul style="list-style-type: none"> - Finalise and agree the HSCI business case by November 2014 - Agree funding and risk share arrangements by March 2015 - Implement and evaluate the tiers - Review the model and assumptions and develop commissioning intentions with clarity around delivery models by March 2015
2	Increase housing choices for older people where the existing accommodation is not suitable	<ul style="list-style-type: none"> - Develop 150 extra care and specialist integrated housing by 2020 and promote lifetime homes throughout the regeneration period
3	Commission high quality flexible specialist home support services including personal assistants	<ul style="list-style-type: none"> - Develop homecare strategy to inform the tender of homecare services by November 2014 - Develop the workforce strategy to inform the tender of homecare services by March 2015 - Develop the PA strategy to increase the number of PAs in Barnet by March 2015
4	Increase the use of enablement services for all older people	<ul style="list-style-type: none"> - Review and implement the policy framework to ensure that all older people who would benefit from enablement are offered it at every opportunity by March 2015 - Increase the number and variety of telecare choices offered
5	All support plans will increase the ability of older people to access community resources and social/family networks	<ul style="list-style-type: none"> - Implementation of Care Act and new IT will include community resources and family networks in modules and social workers will receive training on this - Commission brokerage service

These commissioning intentions will contribute to the following outcomes:

- Person centred Integrated support
- Safeguarding
- Carers

5b Outcome measures

Measure	Baseline – 13/14	Target - 19/20
Number of safeguarding alerts	650 (12/13)	Increase
Number of safeguarding cases investigated requiring action	To be baselined	Decrease
Proportion of older people accessing enablement	5.6%	Increase
Proportion of older people accessing telecare	To be baselined	Increase
Proportion of people who feel in control of their own lives	73.3%(P)	Increase
Proportion of people who leave enablement with a reduced/no care package	50%	Increase
Proportion of older people remaining at home 90 days after discharge	71.9% (P)	Increase
Unit cost of care for older people	£591 (P)	Decrease
Number of non-elective hospital admissions.	New indicator	Increase
Number of residential care admissions	a)13.5 (P) b)486.9 (P)	Decrease
Number of people who feel that their social situations and relationships are as good as they want (ASCOT)	To be baselined	Increase

5c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16	19/20
General fund budget	£37.40m	£34.73m	£34.41m
		<i>Taking account of:</i>	<i>Taking account of:</i>
Savings		(£3.02m)	(£6.47m)
Inflation		-	£2.41m
Demographic growth		£0.37m	£3.74m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

6. Service component: Carers

Barnet Council recognises that the best people to provide support and care are usually those people that know and love their family members or friends. For some carers, this can be one of the most rewarding experiences of their lives – for others, caring can be at the expense of their health, wealth and personal aspirations. The support that carers require to prevent or minimise the negative aspects of caring will vary according to the individual circumstances of the carer and the disability or illness of the person who is being supported. For example, carers may require support to juggle the competing demands of work or education, such as employers or teachers who understand what they can do to help; access to emergency help in a crisis etc. For others it may be gaining a better understanding of the condition and the best way of supporting their family member through expert carer programmes, and for many carers, it will be access to support where they can share their concerns or frustrations.

The Care Act 2014 brings with it new duties of assessment and support for carers and will increase the number of carers that identify as carers and request support in their role. This will bring with it new opportunities to better support more carers. The census identified 32,320 people who are carers in Barnet, yet we currently support less than 10,000 carers, and the majority of this support is information and advice. The Care Act will also bring financial challenges in terms of an increased ask of Council resources.

Barnet Council values the support that carers offer and will **strengthen and expand the range of support that is offered to carers** to continue to support people for as long as they wish. **Carers will be treated as expert partners in the delivery of care** and support. In order to maintain and strengthen, rather than intervene in the relationship between the carer and cared for, each assessment will focus on the carer and their service requirements, **developing a foundation offer**, which will then be topped up with additional support where required for the cared for. The full range of available help – from assistive technology to training in caring tasks – will be explored with the carer to make sure that caring is doable and rewarding. All carers will also be able to take advantage of the opportunities that have been described in other service components, whether for themselves or for the people they support.

For residents this will mean:

- Greater support to enable carers to continue in their caring role.

For suppliers this will mean:

- Procurement of new carer support services.
- Expectation that family carers are actively involved in the planning, delivery and design of support packages.

6a Commissioning intentions:

	Commissioning intention	What needs to happen?
1	To prioritise meeting the needs of carers, including young carers, through the assessment and support planning process by better supporting carers' own physical and mental health needs.	A carer focused approach will be implemented as part of the Care Act implementation programme by March 2015
2	To strengthen the current carers' support offer e.g. assistive technology, intensive support for carers of people with dementia.	A full analysis of how the carers' offer can be strengthened to be undertaken as part of the Care Act implementation. It will be promoted as part of the carers' offer from 2015 The intensive support package for carers of people with dementia will be commissioned and piloted in 2015
3	To better support carers to balance work and caring commitments. Local small businesses know how to retain carers in their workforce.	Workability carers package will be commissioned in 2015

These commissioning intentions will contribute to the following outcomes:

- Person centred Integrated support
- Safeguarding
- Carers

6b Outcome measures

Measure	Baseline – 13/14	Target - 19/20
Proportion of carers satisfied with social services	34.6% (12/13)	Increase
Proportion of carers included or consulted in decisions	66% (12/13)	Increase
Number of carers attending peer group / support networks run through carers hubs	New indicator	Increase
Carers' reported quality of life	7.7 (12/13)	Increase
Number of carers giving up work to care	New indicator	Decrease
Number of carers giving up caring to work	New indicator	Decrease
Number of residential admissions as a result of carer breakdown	New indicator	Decrease
Number of safeguarding cases where carer is found to have instigated abuse	To be baselined	Decrease

6c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

	14/15	15/16		19/20
General fund budget	£1.87m	£1.78m		£1.88m
		<i>Taking account of:</i>		<i>Taking account of:</i>
Savings		(£0.10m)		(£0.11m)
Inflation		-		£0.09m
Demographic growth		£0.01m		£0.12m

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

7. Service component: Leisure Services

The Council owns five leisure centres at Burnt Oak, Hendon, Finchley, Copthall and Church Farm with their management sub-contracted out to Greenwich Leisure Limited (GLL) under their 'Better' brand (a charitable trust). The contract for their management of the leisure centres runs until December 2017 when it will need to be re-commissioned.

The overall aim is to end up with a contract that can **improve the participation levels in sport and physical activity across the Borough while delivering sport and physical activity services at zero-cost for the Council**. In parallel, the current SPA project will take a wider strategic approach to SPA provision to ensure that key Public Health objectives, inclusive of the health and wellbeing outcomes as incorporated into the current Health and Wellbeing strategy and Public Health commissioning strategy, are considered to ensure sustainable delivery in the long term.

National evidence indicates that the health of Barnet's population is likely to be enhanced by increased physical activity across the population with the greatest gains coming from enabling the sedentary, those who are least active, to undertake a degree of physical activity. **Increasing physical activity can create less dependency on health and social care** by having a preventative effect on the development of conditions such as diabetes, Coronary Heart Disease (CHD), some cancers and obesity. Being more active can also assist in re-enabling people with long-term conditions to manage their own health and well-being, therefore delaying the progression into more dependency. For many people, enjoying being more active can bring them into contact with others; this might be through volunteering in a club or sports organisation, joining in with an informal activity or being part of a regular session. Although we know that purely being in contact with others does not address social isolation, we know that the more contact points people have and the more belonging they feel as part of a community, the easier it is to tackle some of the issues that arise from social isolation, and becoming more active can contribute to this.

7a Commissioning intentions:

	Commissioning intention	What needs to happen?
1	Achievement of a cost-neutral provision of the Council-owned leisure centre facilities.	<ul style="list-style-type: none"> To finalise the vision for leisure services with a clear strategy for each of the 5 leisure centre sites described in a feasibility study and masterplan. (Complete Feb 2015) To develop a procurement specification that will deliver the vision from the feasibility study and planning masterplan. (Complete April 2015) To work with stakeholders throughout the Council to ensure that any new leisure contract delivers against strategic priorities across the authority e.g. health, prevention, re-ablement.

	Commissioning intention	What needs to happen?
2	Improved levels of physical activity within Barnet, particularly in target geographical areas for both adults and children, leading to improvements in public health outcomes and general wellbeing.	<ul style="list-style-type: none"> • More focussed KPI's on new leisure services contract and more effective and pro-active contract management. • Public Consultation with residents, including focus groups (Complete Jan 2015)

7b Outcome measures

Measure	Baseline	Target - 19/20
Increasing participation in sport and physical activity	38.3% (12/13)	Increase
Increasing residents' satisfaction with the Council's provision	38% satisfaction (13/14)	Increase

7c Financial impact

The current contractual commitment includes a c. £1.2m annual management fee which the Council pays to GLL to operate and maintain the current leisure centre facilities. This annual payment runs to the end of the contract in December 2017. The project intends to deliver a zero subsidy leisure services contract from January 2018.

	14/15	15/16		19/20
General fund budget	£0.46m	£0.46m		£0.46m
		<i>Taking account of:</i>		<i>Taking account of:</i>
Savings		-		-
Inflation		-		-
Demographic growth		-		-

8. Service component: cross-cutting issues

In order to **preserve the frontline face to face services**, the Council will seek to make efficiencies across the Council in a number of key areas – efficiencies will focus on the Council workforce, support costs – such as IT and in the costs of externally procured services.

8a Commissioning intentions:

	Commissioning intention	What needs to happen next?
1	Ensure that the voice of people who use adult social care and carers contributes to the design and delivery of services.	<ul style="list-style-type: none"> - All service redesigns must evidence that people who use adult social care and carers have contributed to the design and delivery of the service.
2	Promote and maintain the quality and consistency of the social care workforce. Ensure that the workforce development programme is focused on strengthening the quality and consistency of practice.	<ul style="list-style-type: none"> - Workforce strategy to be developed which looks at recruitment, retention, skill set, qualification requirements and costs of the adult social care workforce as a whole.
3	Constrain inflationary pressure on procured goods and services to 0.5% from 16/17 – 19/20.	<ul style="list-style-type: none"> - Timetable for negotiation and agreement of contract costs.
4	Identify measures to reduce the cost of the workforce employed by LBB.	<ul style="list-style-type: none"> - Plan to achieve cost savings needs to be developed and agreed
5	To adopt new policies on eligibility, contributions and deferred payments.	<ul style="list-style-type: none"> - Consultation on proposals to take place during winter 2014/15 - Report on new policies to be agreed by Adults and safeguarding Committee in March 2015

Line Ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Equalities Impact Assessment	Impact Assessment		Budget	Savings per annum	
						Impact on Service Delivery	Impact on Customer Satisfaction		2014/15 £000	2015/16 £000
EFFICIENCY - DEMAND MANAGEMENT										
E1	Adults Social Care	<p>Savings through supporting people in the community as opposed to high cost care packages and residential placements. The 'Community Offer' delivers savings through supporting people in the community and offering alternative ways to meet statutory social care needs as opposed to high cost care packages and residential placements. This will lead to increased use of universal services, enablement, telecare, equipment and direct payments instead of a traditional home care and residential care.</p> <p>The 'Community Offer' will be delivered by multi-disciplinary teams of social workers, occupational therapists, telecare and direct payments advisors.</p> <p>The net cost of supporting someone on a community alternative is cheaper than traditional care. This is an on-going initiative.</p>	Efficiency	Specific consultation - undertaken last year.	There is a potential equalities impact and this will be kept under review during the consultation period. An Equalities Impact Assessment will come back to PRC in February 2015 for 16/17 proposals.	Potential increase in personal budgets. Potential increase in take up of telecare and assistive technology (local target). However, the service has been experiencing increasing safeguarding referrals and this proposal could compromise our ability to safeguard vulnerable residents as our overall capacity to assess, manage and review people's support is decreased. Customer service contact centre will also work on development of approach in relation to CSG provider, carers and self-funders.	High - Likelihood of process being unpopular with service users affected by any changes if not carefully managed, supported and communicated. Potential decrease in customer satisfaction and increase in complaints. However aim is to increase customer satisfaction, choice and control.	14,564	(858)	
E2	Older Adults and Younger Adults (all groups)	<p>Savings through supporting people in appropriate housing as opposed to high cost placements. Reduction in cost of residential third party placements by: Innovative use of support and housing options to deliver savings whilst ensuring promoting choice and independence for customers. The savings proposals are:</p> <ul style="list-style-type: none"> • Re-commissioning our Floating Support contract • Develop additional Sheltered Plus accommodation 	Efficiency	General Consultation	It is not considered that there is an equalities impact for this proposal. This will be kept under review during the consultation period.	This is dependent on appropriate and accessible housing stock. Potential increase in use of telecare and assistive technology (local target). Potential improvement in customer satisfaction. This is also dependent on enablement and intermediate care developments.	Low - Services users are enabled to stay at home for longer	20,747	(704)	
E3	Across Services	<p>Savings through supporting people by increasing investment in carers support to prevent/reduce the need for funded care. Savings to be achieved through efficiently coordinating and personalising services for carers so that there is a clear 'Carer Offer' throughout the carers journey. This will help the carer sustain their role, and reduce the need to access specialist services including hospital and residential care.</p> <p>In 2012/13 2,179 carers had an assessment, of these it is assumed that 25% support individuals that would otherwise be in residential care. Increasing this by 5% would generate sufficient savings to meet this target and aid people to live more independently with more choice and control. However this will in practice mean that people will receive lower cost packages which could be perceived negatively.</p>	Efficiency	General Consultation	There is a potential equalities impact and this will be kept under review during the consultation period. An Equalities Impact Assessment will come back to PRC in February 2015 for 16/17 proposals.	Low - Increase support to carers will enable them to continue to care and remain independent. For young carers they will be supported to access education and employment along side their caring duties.	Low - this proposal will improve services to a protective group.	2,003	(550)	
E4	Across Services	<p>Savings through decreasing external third party expenditure on day care costs by increased access to universal leisure services and specific renegotiations.</p> <p>Savings to be achieved through:</p> <ol style="list-style-type: none"> (1) Partnership working with leisure services to offer more mainstream leisure activities reducing dependence on specialist day care provision, using a dedicated leisure co-ordinator; (2) Reviewing provision of transport in relation to day activities. 	Efficiency	General Consultation	There is a potential equalities impact and this will be kept under review during the consultation period. An Equalities Impact Assessment will come back to PRC in February 2015 for 16/17 proposals.	Current saving is predicated on a 10% reduction of external spend with day care providers and therefore the impact on service delivery is expected to be low. Further analysis is required once work is completed on what the synergies are.	Expected to lead to improved customer satisfaction, though this will need to be reviewed depending on model used.	6,474	(660)	

Line Ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Equalities Impact Assessment	Impact Assessment		Budget	Savings per annum	
						Impact on Service Delivery	Impact on Customer Satisfaction		Equalities Impact	2014/15 £000
EFFICIENCY - WORKING WITH NHS										
E5	Younger Adults: Mental Health	Savings through sharing funding arrangements with MHT. Individuals who have received treatment under the mental health act on a section 3 at the point of discharge are subject to section 117 aftercare. There is an agreement currently that anyone subject to S117 will automatically be jointly funded between health and social care. The proposed changes would not impact on the Council's ability to provide these services.	Efficiency	General Consultation	There is a potential equalities impact and this will be kept under review during the consultation period. An Equalities Impact Assessment will come back to PRC in February 2015 for 16/17 proposals.	This saving assumes that new models of mental health services being introduced will result in less people requiring ongoing support to manage their care and support needs and therefore facilitate changes staffing model in Mental Health Trust. Potential increase in numbers of Personal Budgets .	Medium - Potential decrease in customer satisfaction Medium - There maybe a disproportionate impact on people who use mental health services, particularly those from BME communities. Further assessment will be needed to undertaken to fully analysis the impact.	4,865	(401)	
EFFICIENCY - WORKFORCE										
E6	Across Services	Savings through reduction in staffing costs. Reductions in back office transactional functions through new ways of working and exploring new innovative models.	Efficiency	General consultation and specific consultation is likely with staff	It is not considered that there is an equalities impact for this proposal. This will be kept under review during the consultation period.	This saving is focused on exploring new models of delivering back office savings, and opportunities through the new commissioning council model and therefore no impact on service delivery is anticipated.	Medium - changes need to be clearly mapped and considered from customer perspective to manage possible negative impacts and ensure clear communication strategy in place. Aim of changes will be to improve customer satisfaction.	14,763	(300)	6
EFFICIENCY - ASSETS & CAPITAL										
E7	Younger Adults	Savings through HRA investment in new build which will result in reduction in high cost placements. Savings to be achieved through increasing independent living options for Younger Adults with physical/hearing disabilities and Mental Health issues. This proposals includes a new build programme using HRA monies for wheelchair accessible housing and working with Barnet Homes and the private rented sector to source suitable accommodation for younger adults.	Efficiency	General Consultation. Specific consultation will be carried out with Barnet Homes on individual housing development where necessary.	There is a potential equalities impact and this will be kept under review during the consultation period. An Equalities Impact Assessment will come back to PRC in February 2015 for 16/17 proposals.	Medium - This proposal would lead to lower net costs of supporting people with physical disabilities. It is heavily dependent on securing HRA investment.	Low - Improved customer satisfaction as the proposal should widen the opportunities to people with disability to live in the community. Medium - this proposal will have a positive impact on one of the protective characteristic groups	15,487	(1,513)	
EFFICIENCY - PROCUREMENT										
E8	Across Services (procurement spend)	Savings from renegotiation of existing contracts. Procurement savings achieved through: - working with providers to contain inflationary pressures	Efficiency	General Consultation	It is not considered that there is an equalities impact for this proposal. This will be kept under review during the consultation period.	Low - service delivery is not anticipated to be negatively impacted.	Medium - will need to manage any provider changes.	5,266	(600)	

Line Ref	Service area	Description of saving	Savings type	Consultation (How are we consulting on this proposal)	Equalities Impact Assessment	Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	Budget 2014/15 £000	Savings per annum 2015/16 £000	FTE
EFFICIENCY - OTHER											
	Across Services	Savings through reduction in expenditure by working with CSG provider. Stretch of demand management and efficiency saving proposals to be identified through working with CSG provider to improve efficiency and self service, targeting the following: - Developing new model of Social Care in relation to Care Act - Reducing demand for high cost placements by providing advice and signposting at first point of contact - Reducing costs of third party spend through procurement activity - Combining Adults Social Care duty functions and elements of the assessment process with the Adult Social Care Direct in CSG	Efficiency	General Consultation	There is a potential equalities impact and this will be kept under review during the consultation period. An Equalities Impact Assessment will come back to PRC in February 2015 for 16/17 proposals.	Expected to be low - The Customer Services Transformation programme has started to develop Customer Services that provide a more efficient customer experience, deliver more customer contact through channels which are most cost effective, ensuring good service to customers. Act as an advocate to ensure customers receive services that respond effectively to their needs and provide information and insight needed to work with service providers inside and outside of the council. Further improvements in a single front door, improved information and advice and improvements in a web based self service, are aimed at managing demand more effectively but are also about making sure that service users, their carers and the wider residents of Barnet are able to have as much choice and independence for as long as possible.	Impact not known at this point. This will need to be kept under review as new plans are developed with the CSG provider and will be given due consideration before any decision is taken for implementation.	Medium - Customer impact - As services are re-configured access account will need to be taken of different groups support needs to access prevention and early intervention services including information and advice, the use of technology to self assess and use of a range of different support planning and monitoring services. The development of these services is in line with personalisation but will require different levels of support to manage this change. We recognise that select groups within the community (for example older people, learning disabilities, people with high level needs, people whose first language isn't English) will rely on additional support. When commissioning new services, the council will need to work with providers to ensure they meet their equality duties in particular regarding access to services, outreach and marketing of services and	8,141	(2,000)	
E9											
E10	Older Adults and Younger Adults (all groups)	Savings through reduction in placement costs for residents permanently settled out of the borough. Where an individual has chosen, as they have capacity, or have moved to another authority in accordance with their families' wishes, (ascertained through a best interest decision where an individual does not have capacity), the receiving authority will be given 3 months' notice regarding transfer of responsibility, which includes any required social care funding. This proposal is not expected to negatively impact service delivery.	Efficiency	General Consultation	There is a potential equalities impact and this will be kept under review during the consultation period. An Equalities Impact Assessment will come back to PRC in February 2015 for 16/17 proposals.	Funding debate between local authorities unlikely to impact negatively on service delivery.	Funding debate between local authorities unlikely to impact negatively on customer satisfaction	Low - no differential impact.	13,460	(838)	
TOTAL										(8,424)	6
SERVICE REDUCTIONS											
TOTAL										0	0
INCOME											
TOTAL										0	0
OVERALL SAVINGS										(8,424)	6

This page is intentionally left blank

Section 2 - Adults & Safeguarding

Line ref	Opportunity Area	Description of saving	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum					
				Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2014/15 £000	2016/17 £000	2017/18 FTE	2018/19 £000	2019/20 FTE	2019/20 £000
E1	3rd Party Spend	Budget proposals for 2016-20 include efficiency savings on third party contracts by approximately 2% per annum. The main areas of contract spend in this area are for the provision of care. The overall budget envelope includes provision for contract inflation of 2.5% per annum, so this saving could be made either from containing inflation on contracts, commissioning different models of service delivery or through improved contract management and negotiation of better rates. The bulk of contract spend in Adults and Communities is on contracts for care services with external providers, including Your Choice Barnet, Fremantle Trust, Jewish Care (the top 3 contracts by overall spend), home care providers, meals on wheels, equipment. There is only 1 block contract - for residential care with Fremantle trust. Other contracts are based on purchasing specific care for individuals (spot/personal budget) without guaranteed volumes. The remit of the Committee also includes contracts with the voluntary sector for prevention services (e.g. Age UK Barnet, Carers Centre).	Part of general budget consultation	This proposal increases efficiency of third party contract spend. It is not expected to have a negative impact on customer delivery. However as most of the spend is on individual care packages, this will need to be risk assessed on a service by service basis.	This proposal increases efficiency of third party contract spend. It is not expected to have a negative impact on customer delivery. However as most of the spend is on individual care packages, this will need to be risk assessed on a service by service basis.	78,048	(666)	(652)	(639)	(627)		
E2	Staffing Efficiencies	Budget proposals for 2016-20 include workforce efficiency savings of approximately 10% of the relevant delivery unit employee budgets. As government funding for local government services continues to reduce, all Council delivery units will need to review their workforce budgets to ensure that they can improve efficiency by 10% by 2020. Corporate initiatives such as the review of terms and conditions, and the united pay project, will support delivery units in achieving this saving. Delivery units will also need to review performance management, use of agency staff, management layers and staffing levels to ensure that this saving can be achieved.	This will be subject to formal consultation with staff affected in 2015 before the saving can be implemented in 2016	This proposal generates a 10% reduction in employee costs to 2020. It is not expected to impact on service delivery	This proposal generates a 10% reduction in employee costs to 2020. It may have an impact on customer satisfaction	14,971	(375)	(442)	(442)	(442)		
E3	Shared services & new delivery models	Identification of alternative delivery mode(s) and / or shared service options that can reduce the cost of the adult social care system (staffing costs) and then better utilise the demand management levers (e.g. self-management, early intervention, telecare, enablement, creative support planning) to reduce care costs.	Consultation plan to be developed	Low - should improve the efficiency of delivery.	Not expected to have any impact on customer satisfaction.	89,377	(226)	(579)	(579)	(578)		
Total							(1,267)	0	(1,673)	0	(1,646)	0
Growth and Income												
Total							0	0	0	0	0	0
Reducing demand, promoting independence												

Line ref	Opportunity Area	Description of saving	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum									
				Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2014/15		2016/17		2017/18		2018/19		2019/20	
							£000	FTE	£000	FTE	£000	FTE	£000	FTE	£000	FTE
R1	Savings through supporting people in the community as opposed to high cost care packages and residential placements	Continuation of the 'Community Offer' delivering savings through supporting people in the community and offering alternative ways to meet statutory social care needs as opposed to high cost care packages and residential placements. This will be applied to existing and new service users. This will lead to increased use of universal services, enablement, telecare, equipment and direct payments which cost less than traditional home care and residential care. Service users will therefore receive lower personal budgets whilst ensuring eligible needs are met. The savings will be driven out by social workers incorporating elements in care and support plans which cost less than traditional care or that do not require Council funding. This might include support from volunteers, use of local clubs/libraries, as examples.	Consultation will be required	Medium. Eligible needs must still be met. However, some users/relatives may still prefer traditional care and find creative options less palatable	It is not considered that there is an equalities impact for the proposal. This will be kept under review as the specific proposals develop	71,526	(350)	(350)								
R2	Careers intervention programme - Dementia	Helping older people with dementia to remain at home. This proposal recommends investment in order to develop an intensive evidence-based model of support for Barnet carers of people with dementia, in order to increase carer sustainability, delay residential care and manage adult social care demand.	Have undertaken review of services which included views from carers and people with early onset dementia.	Enhanced carers offer	Should increase	28,571	(125)	(125)							(125)	
R3	Housing Revenue Account	Generating general fund savings from providing specialist integrated housing for older people based on the provision of 52 flats with 50% high needs, 25% medium needs and 25% low needs.	Qualitative research with older people underway	More choice for older people, reduced take up of residential care	Should increase	28,571	(95)	(285)								
R4	Independence of Young People	Implement a 0-25 disabilities service that better brings together health, care and education to ensure that growth is enabled for young people with disabilities. This should reduce the cost to adult social care arising from lower care package costs for those transitioning at the age of 18 over this period, than has been the case for past transitions cases.	Research work undertaken with families. Consultation has been undertaken as part of implementation of Children and Families Act	Should enable less dependence on social care and more fulfilling lives. Eligible needs must still be met. However, some users/relatives may still prefer traditional care and find creative options less palatable	Should lead to better outcomes but may be difficulties in embedding new way of working	37,639	(125)	(125)							(125)	
R5	Older Adults - carers in work	Support to help people remain caring and in work by increasing support to carers and employers in the borough enabling carers to remain in work and caring. Savings are from cost avoidance of increased homecare support.	To be scheduled	Should improve	Should improve	5,906	(141)	(152)								

Line ref	Opportunity Area	Description of saving	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum											
				Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2014/15		2016/17		2017/18		2018/19		2019/20			
							£000	FTE	£000	FTE	£000	FTE	£000	FTE	£000	FTE		
R6	Older Adults - DFGs	Increasing choice in retirement and for younger disabled adults - investment in an increased advice and support service promoting adaptations and moving to a more suitable home. Savings are based on incremental impact of adaptation/move avoiding costs of enablement, increased homecare and residential care admission.	Research underway	Should improve	Should improve	Should improve	28,571											
R7	Older Adults - retirement abroad	Increasing choice in retirement - 40% of people want to retire abroad + providing information & support through a national partner with appropriate expertise will help them realise this. Savings based on cost avoidance of home care based on people taking advantage of the service and delaying their take up of social care.	Research underway	Should improve	Should improve		28,571											(162)
R8	Personal assistants	Develop methods of increasing numbers of personal assistants in Barnet, as an alternative to home care agencies. Service users directly employ the personal assistant and therefore are able to personalise and control their care and support to a very high level. Savings are based on an average reduction of care costs per user per year of £1,000, as a result of increased control of care and support plans and lower over head costs than home care agencies. Currently (October 2014), 1,788 service users receive their home care support from a home care agency.	Consultation with service users planned as part of homecare tender.	Low			5,906											(140)

Line ref	Opportunity Area	Description of saving	Consultation (How are we consulting on this proposal)	Impact Assessment			Savings per annum							
				Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact	2016/17		2017/18		2018/19		2019/20	
							£000	FTE	£000	FTE	£000	FTE	£000	FTE
R9	Support for Working age adults	Review support packages and develop support plans (with appropriate enabling / transition) to meet needs at a lower cost. This is likely to include the following: Increase the supply and take-up of supported living and independent housing opportunities supporting transitions from those currently in residential setting. Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with learning disabilities to live more independently. Improve the carer's offer and support planning process to ensure carers feel able to continue to support an individual for as long as they can. Stimulate the market to encourage providers who can effectively focus on enablement and development. Develop the employment support offer for adults with learning disabilities and ensure there are sufficient employment opportunities available in the borough.	Part of general budget consultation	TBD	High - likely to require changes to packages of care	There is a potential staffing equalities impact and this will be kept under review during the consultation period. An outline Equalities Impact Assessment will come back to PRC in February 2015 for 16/17 proposals.	(425)		(425)		(425)		(425)	
R10	Grants payment	Reduction in grant funding for voluntary organisations providing universal / low level / early intervention services	Part of general budget consultation	TBD	TBD	It is not considered that there is an equalities impact for this proposal. This will be kept under review during the consultation period.	(59)							
Total							(1,239)	0	(1,591)	0	(1,289)	0	(1,242)	0
Service redesign														
S1	Integrated Later Life Care	Integrated Care for frail elderly/over 50 years with long-term conditions. The proposal to develop a 5 tier model to support the development of an integrated health and social care system for older frail people was agreed at the Health and Wellbeing Board in March 2014 and has formed the key element of the Council and CCG's national Better Care Fund plan.	Has been carried out	Should improve through integrated services	Should increase as only tell story once	It is not considered that there is an equalities impact for the proposal. This will be kept under review as the specific proposals develop	(150)		(250)		(250)		(350)	
Total							(150)	0	(250)	0	(250)	0	(350)	0
Overall Savings							(2,656)	0	(3,514)	0	(3,199)	0	(3,238)	0

	AGENDA ITEM 9
	<p>Adults & Safeguarding Committee</p> <p>20 November 2014</p>
Title	Adults & Safeguarding Committee Work Programme
Report of	Later Life Lead Commissioner Family and Community Well-being Lead Commissioner
Wards	All
Status	Public
Enclosures	Appendix A - Committee Work Programme June 2014 - April 2015
Officer Contact Details	Anita Vukomanovic, Governance Team Leader Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary

The Committee is requested to consider and comment on the items included in the 2014/15 work programme

Recommendations

1. That the Committee consider and comment on the items included in the 2014/15 work programme

1. WHY THIS REPORT IS NEEDED

- 1.1 The Adults & Safeguarding Committee Work Programme 2014/15 indicates forthcoming items of business.
- 1.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.
- 1.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

2. REASONS FOR RECOMMENDATIONS

- 2.1 There are no specific recommendations in the report. The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 N/A

4. POST DECISION IMPLEMENTATION

- 4.1 Any alterations made by the Committee to its Work Programme will be published on the Council's website.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Committee Work Programme is in accordance with the Council's strategic objectives and priorities as stated in the Corporate Plan 2013-16.

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

- 5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

- 5.3.1 The Terms of Reference of the Policy and Resources Committee is included in the Constitution, Responsibility for Functions, Annex A.

5.4 Risk Management

5.4.1 None in the context of this report.

5.5 Equalities and Diversity

5.5.1 None in the context of this report.

5.6 Consultation and Engagement

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

This page is intentionally left blank

**London Borough of Barnet
Adults and Safeguarding
Committee Forward Work
Programme
November 2014 - March 2015**

Contact: Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)
2 October 2014			
Adults and Communities Delivery Unit Business Planning	To receive an update following the report to the June committee meeting.	Strategic Director for Communities	Family and Community Well-being Lead Commissioner, Later Life Lead Commissioner
Delivery of Health and Social Care Integration including through the Better Care Fund	To approve the full Business Case for implementation of integrated health and social care.	Adults and Communities Director, Later Life Lead Commissioner	
Implementation of The Care Act	To note the implications of The Care Act for new policies and the requirements for public consultation	Adults and Communities Director, Later Life Lead Commissioner	
Mental Health	To approve a specification for mental health social care.	Family and Community Well-being Lead Commissioner	
20 November 2014			
Home Care Commissioning Strategy	To approve the Home Care Commissioning Strategy. <i>This report will consider the Unison Ethical Care Charter and other relevant consideration as per the Resolution made by the Committee on 2 July 2014.</i>		

Subject	Decision requested	Report Of	Contributing Officer(s)
Business Planning	To approve five year commissioning priorities, proposals for meeting financial targets set out in the MTFs and proposed Management Agreements.	Family and Community Well-being Lead Commissioner, Later Life Lead Commissioner	Karen Ahmed, Later Life Lead Commissioner, James Mass, Family & Community Well-being Lead Commissioner
4 December 2014			
Implementation of the Care Act - Young Carers & Transitions Paper	To note the new duties for young carers and people transitioning to Adults Social Care arising from the Care Act 2014.	Adults and Communities Director, Later Life Lead Commissioner	
Implementation of the Care Act - Adult Social Care Deferred Payments Policy	To approve an updated Deferred Payments Policy to meet the requirements of The Care Act 2014.	Adults and Communities Director, Later Life Lead Commissioner	
Corporate Grants Programme, 2014/15 - Grant Applications	Committee to consider assessments of two grant applications.	Deputy Chief Operating Officer	
19 March 2015			
Your Choice Barnet Task and Finish Group	To consider a six-month update report from Officers on the approved recommendations of the Your Choice Barnet Task and Finish Group.	Housing and Environment Lead Commissioner, Later Life Lead Commissioner	

Subject	Decision requested	Report Of	Contributing Officer(s)
Commissioning Priorities	To agree commissioning priorities for 2015/16.	Family and Community Well-being Lead Commissioner, Later Life Lead Commissioner	
Implementation of the Care Act	To receive an update on progress with the implementation of the Care Act.	Adults and Communities Director, Later Life Lead Commissioner	
Implementation of the Care Act - Remodelling Adult Social Care	<p>To agree changes to the ASC process that will enable it to comply with the Care Act 2014.</p> <p>To agree a new policy arising from the Care Act 2014 formalising the new duties of the council where a care provider fails.</p> <p>To agree an approach to how councils can develop a sustainable social care market place to meet the new duties of the Care Act 2014.</p>	Adults and Communities Director, Later Life Lead Commissioner	
Implementation of the Care Act - Prevention, Information & Advice Policy	To agree an approach to Information & Advice and Advocacy services in relation to the requirements of the Care Act 2014	Adults and Communities Director, Later Life Lead Commissioner	
Implementation of the Care Act - Prevention Policy	To agree new policies in line with the requirements of the Care Act	Adults and Communities Director, Later Life Lead Commissioner	

Subject	Decision requested	Report Of	Contributing Officer(s)
Implementation of the Care Act - Eligibility and Contributions	To agree new policies in line with the requirements of the Care Act.	Adults and Communities Director, Later Life Lead Commissioner	
Management Agreements	To review management agreements for the commissioning and delivery of Adult Social Care services.	Adults and Communities Director, Later Life Lead Commissioner	
23 April 2015			
Your Choice Barnet Task and Finish Group	To consider a 12-month update report from Officers on the approved recommendations of the Your Choice Barnet Task and Finish Group.	Adults and Communities Director	
Implementation of the Care Act	To review progress made against the implementation plan.	Adults and Communities Director, Later Life Lead Commissioner	
Healthwatch Barnet Enter & View Reports	To receive Enter & View reports from Healthwatch Barnet which relate to the provision of adult social care services.	Adults and Communities Director	

This page is intentionally left blank