

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

THURSDAY 12TH NOVEMBER, 2015

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

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

Chairman: Councillor Sachin Rajput

Vice Chairman: Councillor Tom Davey

Councillor Barry Rawlings

Councillor Philip Cohen

Councillor Helena Hart

Councillor David Longstaff

Councillor Reema Patel

Councillor Reuben

Thompstone

Councillor Claire Farrier

Substitute Members

Councillor Anthony Finn

BSc (Econ) FCA

Councillor Anne Hutton

Councillor Brian Gordon

LLB

Councillor Arjun Mittra

Councillor Daniel Thomas

BA (Hons)

Councillor Jim Tierney

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is **Monday 9 November** at 10AM. Requests must be submitted to Ola Dejo-Ojomo - 020 8359 6326 ola.dejo-ojomo@barnet.gov.uk.

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

Andrew Charlwood – Head of Governance

Governance Service contact: Ola Dejo-Ojomo - 020 8359 6326 ola.dejo-ojomo@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

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Decisions of the Adults and Safeguarding Committee

16 September 2015

Members Present:-

AGENDA ITEM 1

Councillor Sachin Rajput (Chairman)
Councillor Tom Davey (Vice-Chairman)

Councillor Barry Rawlings
Councillor Philip Cohen
Councillor Helena Hart
Councillor David Longstaff

Councillor Reema Patel
Councillor Reuben Thompstone
Councillor Claire Farrier

1. MINUTES

RESOLVED that the minutes of the meeting dated 14 July 2015 be agreed as a correct record.

2. ABSENCE OF MEMBERS

There were none.

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

There were none.

4. REPORT OF THE MONITORING OFFICER (IF ANY)

There were none.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY)

There were none.

6. MEMBERS' ITEMS (IF ANY)

(a) MEMBER'S ITEM - COUNCILLOR PATEL

At the invitation of the Chairman, Councillor Reema Patel introduced her Member's Item, which requested a briefing on proposals relating to the "Meals at Home" service.

The Committee noted that a report would be produced for the Committee's next meeting in November on the "Meals at Home" service. Following discussion, the Committee requested that Members are able to request that specific points are covered in the report by contacting the Governance Service.

RESOLVED that the Committee note the Member's Item.

7. BARNET MULTI-AGENCY SAFEGUARDING ADULTS BOARD ANNUAL REPORT

2014/15

The Chairman introduced the Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15 and noted that prior to the Committee System of Governance, this report was considered by the Safeguarding Overview and Scrutiny Committee.

At the invitation of the Chairman, Chris Miller, the Independent Chair of the Barnet Multi-Agency Safeguarding Adults Board introduced the report. The Committee noted the following points:

- That the vision of the Safeguarding Board was to create an environment where partners were safeguarding people from harm
- That in 2014, the Board created a two year plan with four strategic priorities:
 1. Reducing the impact that pressure sores have on the health and wellbeing of those who are particularly frail.
 2. Improving vulnerable people's access to justice.
 3. Enhancing the public understanding of abuse of the vulnerable.
 4. Improving the workforce's practical understanding of mental capacity.

A Member commented that the Annual Report identified that there were two new trends on domestic abuse, but that the report did not identify what they were. Mr. Miller undertook to provide this information to the Committee outside of the meeting.

Councillor Barry Rawlings MOVED the following amendment to Recommendation One in the report which was SECONDED:

1. That the Committee note and make comments on the information contained within the Draft Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014-15 which the Multi-Agency Safeguarding Adults Board were asked to approve on 10th September 2015.

Votes were recorded as followed:

For	9
Against	0
Abstentions	0

The amendment was CARRIED and became the substantive motion.

The Chairman Moved to the Vote on the substantive motion (amended Recommendation One) and Recommendation Two as set out in the report.

Votes were recorded as followed:

For	9
Against	0
Abstentions	0

RESOLVED that:-

1. That the Committee note and make comments on the information contained within the Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014-15 which the Multi- Agency Safeguarding Adults Board were asked to approve on 10th September 2015.

2. That the Committee note the current Safeguarding Adults Board Business Plan for 2014-16 to ensure that there is a continued robust multi-agency approach to safeguarding residents in Barnet, with involvement from the Council, NHS Barnet Health Trusts, the Police and the Voluntary Sector.

8. MENTAL HEALTH COMMUNITY MODEL FULL BUSINESS CASE

The Chairman introduced the report, which sought approval of the mental health community model business case which was based on the specification for adult mental health social care services which the Committee approved at their meeting in June 2015. The Business Case detailed how the customer journey, staffing structure and relationship with Barnet, Enfield and Haringey Mental Health Trust should be re-shaped to re-focus social care on recovery, social inclusion and enablement.

The Chairman moved to the vote on the recommendations as set out in the report. Votes were recorded as follows:

For	9
Against	0
Abstentions	0

RESOLVED that:-

- 1. To approve the Barnet Enablement Pathway Business Case for implementation, including the recommended model of enablement articulated in the Barnet Enablement Pathway Business Case.**
- 2. To approve the withdrawal of mental health social workers from the current integrated structure with Barnet Enfield and Haringey Mental Health Trust, and authorise officers to discuss and agree with Barnet Enfield and Haringey Mental Health Trust a model of integration that delivers the objectives of the Barnet Enablement Pathway, to take place within the next two years to ensure a safe transfer of service.**
- 3. To authorise officers to put in place a new section 75 agreement covering Older Persons Mental Health, following the end of the two-year period of the current Section 75 Partnership Agreement between LBB and Barnet Enfield and Haringey Mental Health Trust, with the caveat that this may change if other aspects of the service model change.**
- 4. To approve the proposals for the service restructure to form the basis for Consultation with Staff and Trade Unions with formal consultation commencing in October 2015.**
- 5. To authorise officers to undertake public consultation on the Barnet Enablement Pathway and proposed changes to the service.**
- 6. To note the position statement on progress made in delivering the Council's Commissioning Intentions demonstrating the integrated approach.**

9. COMMITTEE FORWARD WORK PROGRAMME

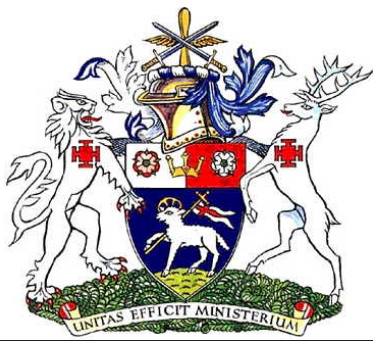
The Committee considered the Forward Work Programme for the 2015/16 municipal year as set out in the report.

RESOLVED that the Committee note the report.

10. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

There were none.

The meeting finished at 8.24 pm



**Adults and Safeguarding
Committee
12th November 2015**

Title	Business Planning
Report of	Commissioning Director for Adults and Health
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A – Adults and Safeguarding Committee Revenue Savings Programme Appendix B- Adults and Safeguarding Committee – Capital Programme
Officer Contact Details	Courtney Davis – Head of Adults Transformation Courtney.davis@barnet.gov.uk 020 8359 4901 Kirstie Haines – Adults Wellbeing Strategic Lead Kirstie.haines@barnet.gov.uk 020 8359 2781

Summary

On the 20 November 2014, the Adults and Safeguarding Committee approved a five-year Commissioning Plan, and indicative proposals for achieving savings of £12.6m by 2019/20. The Commissioning Plan set out the strategic priorities, commissioning intentions and indicative budget proposals of the Adults and Safeguarding Committee up to 2019/20.

A Business Planning report was agreed by Policy and Resources Committee on the 9 July 2015 outlining the future financial challenge facing the Council, and the process whereby Theme Committees will consider the response to this challenge, including the setting of additional savings targets for each committee.

The financial position of the Authority has changed (see 1.1 below) and the following report sets out a revised savings programme that will inform the consideration of the Council’s Medium Term Financial Strategy to be considered by Policy and Resources Committee on 16 December 2015. The target saving for the Adults and Safeguarding Committee from 2016-20 is currently £18.5 million. Additional savings proposals have been developed to meet this savings target which accord with the Adults and Safeguarding Commissioning

plan which continues to provide the outcomes by which progress will be measured. This report therefore sets out the strategic priorities, indicative budget and capital programme proposals of the Adults and Safeguarding Committee up to 2019/20.

The budget projections through to 2020 are indicative figures. The budget will be formally agreed each year, after appropriate consultation and equality impact assessments, as part of Council budget setting, and therefore could be subject to change.

Recommendations

This report is recommending to Adults and Safeguarding Committee to:

- 1. Note the financial target of £12.6m set by Policy and Resources Committee in June 2014;**
- 2. Note the additional financial target of £5.9m set by Policy and Resources Committee in July 2015;**
- 3. Recommend the savings programme as set out in Appendix A to Policy and Resources Committee;**
- 4. Recommend the capital investment priorities set out in Appendix B to Policy and Resources Committee;**
- 5. Agree to public consultation on the priorities and revised savings proposals contained within this report commencing immediately following the Policy and Resources Committee on 16 December 2015;**
- 6. Agree to engage with Barnet CCG immediately following Policy and Resources Committee on the 16 December 2015 on the options and implications for increasing the funding in the Better Care Fund for the protection of Adult Social Care from £4.2m to £6.6m**

1. WHY THIS REPORT IS NEEDED

1.1 Following the General Election in May, the Finance and Business Planning report to Policy and Resources (P&R) Committee in July 2015, updated the assumptions in the Medium Term Financial Strategy (MTFS) and presented a revised budget gap for 2016-20, estimated at £29.4m beyond the proposals previously set out in the MTFS. This represents an increase of £7.5m on the assumptions presented to Council in March 2015. This is mainly a result of an anticipated reduction in funding that Barnet will receive from Government.

1.2 In response to the scale of the challenge facing Local Government from public spending reductions and increasing demand, Barnet's response to the financial challenge is predicated around:

1) Maximising the revenues we generate locally through growth and investment

Growth is an essential part of the council's strategy as we become less reliant on Government funding and generate more of our income locally. Residents will continue to share in the benefits of growth, with increasing housing development leading to an increase in the tax base and, subsequently, helping the council maintain lower Council Tax bills. The Adults and

Safeguarding Committee's Commissioning Plan identifies that this growth should create the conditions within which people with disabilities and older people can live and age well.

2) Targeted help to those that need it – a focus on employment

The council's ambition is to support the local economy by making Barnet the best place in London to be a small business. The strategy for achieving this focuses on the council making itself easier to do business with further initiatives – shaped by the local business community including a focus on enhanced support for town centres.

Most residents will benefit from the opportunities that growth brings, but some will require additional support so they do not miss out. A clear priority for the council is to continue to work effectively with other parts of the local public sector to help residents get a job. Barnet has a good track record in this area, with the integrated Welfare Report Task Force – located in Barnet House – successfully engaging with 96% of Barnet residents impacted by the Benefit Cap and helping 36% into work. By combining resources with Barnet Homes, Jobcentre advisers and health advisers, not only does the model provide a better service for residents, it also reduces bureaucracy for the agencies involved. The council is rolling out this model more widely, and increasing employment opportunities for people known to adult social care is a key priority within the Adults and Safeguarding Commissioning Plan.

3) Investing in the future

Barnet will not be able to support the growth needed to ensure the council's financial independence without investment for the future. The council's regeneration programme will see £6bn of private sector investment over the next 25 years to ensure the borough remains an attractive place to live and do business. This will create around 20,000 new homes and up to 30,000 new jobs across the borough and generate £11m of additional recurrent income for the council by 2020 and one-off income of £50m to be reinvested in infrastructure. The Treasury has made significant financial commitments to support our regeneration plans at Grahame Park and Brent Cross Cricklewood, including £97 million to fund a new Thameslink station. The council intends to hold a stake in these future regeneration plans, for example as part of the joint venture developing Brent Cross. This will help the sustainability of the council's finances not just through to 2020, but beyond.

4) Managing demand on services

At the same time as continuing supply-side reforms over the next 5 years - making changes to the way services are designed in order to drive efficiencies – the council will also need to oversee a step-change in its approach to managing the demand on services wherever possible, through early intervention and tackling the causes of problems rather than treating the symptoms. The council is already involved in significant early intervention and demand management activities such as putting in measures which allow people to remain in a home of their own, instead of residential care through joining up health and social care services. However, in response to a growing population and further funding reductions, the council's approach to demand

management will be an increasingly important part of its strategy and all services will need to look at what else further can be done to make progress.

- 1.3 Whilst the overall budget challenge has increased, officers consider that the service priorities should remain largely unchanged, and that key outcomes and priorities that have informed the commissioning plans are set out below.

Outcomes

- By earlier diagnosis, and good information and advice, vulnerable adults are able to increase and maintain their well-being and independence and can obtain support easily when they need to.
- Support is provided in ways which enable people to get back on their feet as quickly as possible whilst minimising risk.
- Person centred support ensures people's need are met in the most cost effective and safe way possible by drawing on wider community and natural support networks.
- Carers are valued as expert partners in supporting working age adults and older people to live independent lives.

Priorities

- To improve information, advice and support offer so that individuals and their families take greater responsibility for their own and their family member's care and support.
- Develop alternative housing and support options to reduce the need for higher cost placements
- To utilise new technologies to enable people to continue to live safely in their own homes
- Increase the proportion of working age adults known to adult social care in employment
- To integrate health and social care services to improve the experience of receiving care and support and reduce duplication.
- Increase the productivity of the adult social care workforce to be able to meet the needs of a growing population within available resources
- To implement the Sport and Physical Activity Outline Business Case to increase physical activity levels through a financially self-sustaining leisure offer.

- 1.4 The Adults Transformation Programme has developed a programme of work to change the way in which adult social care services are provided to meet the outcomes and priorities set out above within available resources covering.

- **Improving information and advice and support offer**
 - Strengthened carers offer, developing a carers enablement service together with new support offer for carers of people with dementia.
 - Reshaping of prevention services to support community based interventions which reduce demand for social care.
 - New meals offer, increasing choice, whilst ending council subsidy

- **Housing and Support**
 - Development of Accommodation strategy for vulnerable adults
 - Increasing range of housing options for older people
 - Increasing access to home adaptations.
 - Extensive roll-out of telecare.
- **Managing Demand through social inclusion**
 - Reshaping day care for working age adults to promote greater levels of employment and inclusion and choice
 - New mental health enablement model.
 - Work with third sector providers and community to identify key ways in which to support vulnerable residents in Barnet
- **Delivering Differently - Changing Behaviours: Community, Individuals and Staff**
 - Alternative Delivery Model for adult social care
 - Workforce restructuring to reduce management layers and diversify the skill mix of the service.
 - Health and Social Care Integration – whole systems commissioning of health and social care and development of integrated locality teams to support those with greatest levels of frailty and risk of hospital admission.

1.5 The alternative delivery model being proposed for adult social care will need to be able to deliver the priorities set by the Adults and Safeguarding Committee and to introduce significant cultural change across adult social care. The Council will work differently with community and voluntary organisations, involving them as partners in the process of designing and delivering the service. People using the service will also need to be willing to re-think their expectations and interact with the Council in a different way. A much greater emphasis will be placed upon preventative services and early, targeted interventions.

1.6 Managing our demand for urgent and long term residential care can only be achieved by rebalancing reactive and unplanned spending on clients and patients identified as at risk of admission to hospital or residential care through joint targeted investment in services that divert or prevent individuals from these high cost services. This is the focus of the Barnet Better Care Fund (BCF) which is overseen by the Barnet Health and Well-Being Board. As a part of the BCF, the Barnet Integration Locality Team (BILT) programme is targeting vulnerable patients and clients identified as at risk of hospital admission: older people with long term conditions and complex needs and seeks to reduce unplanned spending on these individuals.

1.7 Given the importance of integration of health and social care, the adult social care commissioning intentions will also be considered by

the Barnet Health and Well-Being Board on the 12 of November 2015.

Capital Programme

- 1.8 The current Adults and Safeguarding capital programme totals £27.3m up to 2020, funded from a combination of capital receipts, borrowing, revenue and external grant contributions. This includes the capital investment into new leisure facilities to replace Cophall Leisure Centre and Church Farm Leisure Centre, as part of the Sports and Physical Activity programme. Over time, the financing of the capital costs will be met through increased income from users. The other capital items relate to adult social care information technology which will support integrated working, greater levels of self-directed support and smarter working. These capital investments are key enablers to the achievement of revenue savings set out in Appendix A.
- 1.9 The main changes to the capital programme are as follows:
- Sports and Physical Activity programme: re-profiling of existing budget based on programme of works;
 - Centre for Independent Living (CIL): the co-location of CIL with the library will be managed as a central project within the Policy and Resources portfolio and therefore is being deleted from this committee's programme and will be added to P&R;
- 1.10 Appendix B sets out the additions and deletions to the capital programme for the Adults and Safeguarding Committee through to 2020.
- 1.11 Asset, Regeneration and Growth and Housing Committee's capital programmes include investments, which are also key enablers to the achievement of savings set out in Appendix A, e.g. installation of equipment and adaptations, building new units that are wheelchair accessible and extra care homes.

2. REASONS FOR RECOMMENDATIONS

- 2.1 This report sets out the indicative proposals for how the Committee will achieve the revenue savings to deliver target savings set by the Council's Policy and Resources Committee on 9th July 2015 and which accord with the priorities of the Adults and Safeguarding Committee set out in paragraph 1.3.

3. **POST DECISION IMPLEMENTATION**

- 3.1 These proposals will be considered by the Policy and Resources committee on 16 December 2015 and will form part of the delivery of the Council's Medium Term Financial Strategy.

4. **IMPLICATIONS OF DECISION**

4.1 **Corporate Priorities and Performance**

- 4.1.1 The Council's Corporate Plan for 2015-20 sets the vision and strategy for the next five years based on the core principles of **fairness, responsibility and opportunity**, to make sure Barnet is a place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves, recognising that prevention is better than cure
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer.

- 4.1.2 The Corporate Plan priorities and the Health and Wellbeing Strategy have been considered in the development of the proposals as outlined in appendix A, linked to the principles identified in the Corporate Plan. Work will be undertaken over the coming months to set the performance targets for 2016-17 which will be brought back to Adults and Safeguarding Committee on the 7th March 2016.

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

- 4.2.1 Adult Social Care services in Barnet, like many other Councils are facing significant financial challenges. The Local Government Association in their joint submission with the Association of Directors of Adult Social Services to the Comprehensive Spending Review estimates that the funding gap facing adult social care is growing on average by just over £700 million a year, based on the current service offer and not taking account of many other pressures that are either already being felt or are likely to be felt in the coming months. These pressures were identified as being provider pressures such as paying the national living wage; the costs associated with changes in case law applying to Deprivation of Liberty safeguards and reduced levels of winter pressures funding for Councils as winter pressures funding is now paid directly to the NHS. Councils must be funded adequately if they are to continue reducing pressures and costs for NHS during times of increased demand.

- 4.2.2 At month 6, Adult Social Care services are predicting a forecast overspend of £2.5m. This is being achieved through the use of some non-recurrent funding streams and workforce controls. If these were removed, the underlying deficit position for Adult Social Care in Barnet is circa £3.5m, which will also need to be addressed alongside delivering the financial savings allocated to the Adults and

Safeguarding Committee.

- 4.2.3 The Government has confirmed that the Better Care Fund (BCF) will continue into 2016/17 with local funds being at least their current size. The Barnet Better Care Fund is £23.4m and is used to fund health services, social care services, major adaptations through the Disabled Facilities Grant and make investments into the development of integrated services.
- 4.2.4 Prior to the Better Care Fund, the Council received section 256 monies for the funding of social care services which benefited health with a value of £6.6m. The section 256 monies were consolidated into the Better Care Fund in 2015/16. Adult Social Care services currently receives £4.2m of funding through the Better Care Fund for the protection of social care with the balance of the £6.6m being spent on health and social care integration projects.
- 4.2.5 The monies within Barnet's Better Care Fund form a pooled budget under section 75 of the NHS Act 2006 overseen by the Barnet Health and Well-Being Board. The section 75 agreement allows for resources to be easily transferred between health and social care in order to meet the objectives of the pooled fund.
- 4.2.6 The success of the Better Care Fund and therefore the pooled budget is measured through the achievement of a reduction in emergency hospital admissions and initiatives within the Better Care Fund are targeting resources on preventing admission to hospital through 7 day social work service, rapid response services and enablement.
- 4.2.7 Given the additional demand pressures that adult social care is facing as a result of more people receiving care outside of hospital (there has been average increase of 22% per year in referrals to hospital social work teams since 2012) and reduced winter pressures funding (88% reduction from funding levels in 2012), the Council has assumed that £6.6m of the Better Care Fund will be available for the protection of adult social care (this is based on the original section 256 allocation for social care services referred to in paragraph 4.2.4). The additional funding will be used to address the underlying deficit of adult social care referred to in paragraph 4.2.2. The Council's assumptions have been shared with Barnet CCG through the Health and Well-Being Financial Planning sub-group and will form the basis for the negotiation of the Better Care Fund for 2016/17.
- 4.2.8 The Council and NHS will be notified of the arrangements for the 2016/17 Better Care Fund through the autumn spending review statement and the Operating Guidance which is issued by the NHS in December of each year. It is therefore proposed that the London Borough of Barnet engage with Barnet CCG following December

Policy and Resources Committee on the options for 2016/17 to achieve an additional £2.4m for the protection of adult social care through the Better Care Fund. This consultation will run from the 16 December 2015 through to 31 January 2016, the outcomes and implications of which will be reported through to the Health and Well-Being Board and Policy and Resources Committee in February 2016.

- 4.2.9 Appendix A identifies the areas where it is proposed to deliver savings to meet the financial challenges facing the Council and is in line with the target savings set by the Policy and Resources Committee on 9 July 2015. The Policy and Resources Committee tasked the Adults and Safeguarding Committee with developing proposals for savings of £18.5m between 2016 and 2020.
- 4.2.10 In addition to the proposed savings of £18.5m, the Medium Financial Strategy includes £8.9m of pressure funding for adult social care. The priority focus will be reducing demand for Adult Social Care Services through the development of a range of services as an alternative to high cost provision and commissioning the most effective prevention and early intervention services.

4.3 **Social Value**

4.3.1 In taking forward the proposals due regard will be paid to the Social Value Act. The Social Value Act will be a useful tool in ensuring that our activities are embedded in prevention and early intervention. We will seek to look for added value providers can bring in delivering our services such as where apprenticeships are provided.

4.3.2 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

4.4 **Legal and Constitutional References**

4.4.1 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). All proposals are already or will be subject to separate detailed project plans and reports to committee. The detailed legal implications of these proposals are included in those reports which will have to be considered by the Committee when making the individual decisions.

4.4.2 The Terms of Reference of the Adults and Safeguarding Committee are set out in the Council's Constitution, Part 15, and Responsibility for Functions.

The responsibilities of the Adults and Safeguarding Committee:

To submit to the Policy and Resources Committee Proposals relating to the Committee's budget for the following year in accordance with the budget set.

<http://barnet.moderngov.co.uk/documents/s18093/15aResponsibilityforFunctionsAnnexA.doc.pdf>

4.5 Risk Management

4.5.1 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.

4.5.2 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.

4.6 Equalities and Diversity

4.6.1 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.

4.6.2 The public sector equality duty is set out in s149 of the Equality Act 2010:

A public authority must, in the exercise of its functions, have due regard to the need to:

(a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

(b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

(a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;

(b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and

(c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to:

(a) Tackle prejudice, and

(b) Promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

The relevant protected characteristics are:

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

4.6.3 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. The equalities impact of all other proposals will be reviewed as proposals develop and will inform the final consideration of the savings proposals by the Policy and Resources Committee on 16th February 2016. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

4.6.4 A high number of the proposed revenue savings will have a positive impact on equalities and customer satisfaction. In line with the corporate strategy, the aim is to promote independence and choice for the people of Barnet, as

well as ensuring that people participate and contribute to their communities. In order to achieve this, we need to consider how some of our services are delivered which may mean a change from 'traditional social services' to being more creative and innovative about how those services are delivered. There are anticipated positive benefits at R2 for carers intervention, R4 Independence of young people, R5 Carers in work, R7 Personal Assistants, R8 Working Age adults and new proposals for wheelchair housing, Homeshare for older people and integrated later life care.

4.6.5 Where there are changes, it is inevitable that there is likely to be an impact on individuals in different ways. However at each stage of the process, the council will conduct full EIA to ensure that where some current and future clients are impacted, proper measures are considered to minimise the effect as far as possible. Those affected by any changes resulting from any of the proposals will be fully engaged.

4.6.6 The revenue savings sheet shown as Appendix A currently indicates an initial assessment of a likely negative impact for proposal E1, Third Party spend for people over 65 and people with disabilities. E2 staffing efficiencies for female and BME staff; and the proposal to review the contract with Your Choice Barnet for clients with learning disabilities and their carers; the proposal for meals service for older adults and those from other than white ethnic backgrounds. As the full impact of these changes is understood, each initiative will undertake to work with those affected and consider options available to them to help mitigate any adverse impact. Where necessary proposals will not be implemented or agreed until members have fully considered the equality impacts and responses to any consultation.

4.6.7 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.

4.7 **Consultation and Engagement**

4.7.1 As a matter of public law the duty to consult with regards to proposals to vary, reduce or withdraw services will arise in 4 circumstances:

- where there is a statutory requirement in the relevant legislative framework;
- where the practice has been to consult or where a policy document states the council will consult then the council must comply with its own practice or policy;
- exceptionally, where the matter is so important that there is a legitimate expectation of consultation and
- where consultation is required to complete an equalities impact assessment.

4.7.2 Regardless of whether the council has a duty to consult, if it chooses to consult, such consultation must be carried out fairly. In general, a consultation can only be considered as proper consultation if:

- comments are genuinely invited at the formative stage;
- The consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response;
- there is adequate time given to the consultees to consider the proposals;
- there is a mechanism for feeding back the comments and those comments are conscientiously taken into account by the decision maker / decision making body when making a final decision;
- the degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting and;
- The consultation is clear on the reasons why extent to which alternatives and discarded options have been discarded. are required to be consulted on.

4.7.3 Public consultation on the overall budget for 16/17 will commence following Policy and Resources Committee on 16th December 2015 before the final savings are recommended to Full Council on the 3rd March 2016.

4.7.4 The public consultation will give residents an opportunity to comment on the 16/17 overall budget and Adults and Safeguarding Committees individual proposals to deliver the 16/17 savings identified in this report, before final decisions are formalised in the council's annual budget.

4.7.5 In terms of service specific consultations, the council has a duty to consult with residents and service users in a number of different situations including where proposals to significantly vary, reduce or withdraw services. Consultation is also needed in other circumstances, for example to identify the impact of proposals or to assist with complying with the council's equality duties.

4.7.6 Where appropriate separate service specific consultations have already taken place for the 16/17 savings.

4.7.7 There will also be engagement with Barnet CCG on the options and implications for adult social care of the Better Care Fund for 2016-17 before the final budget is agreed by Full Council on the 3rd March 2016.

4.8 **Insight**

4.8.1 4.8.1 The proposals have been developing using the Joint Strategic Needs Assessment (JSNA) which outlines the current and projected needs of the boroughs population. The proposals have also used evidence of best practice and guidance (such as NICE guidance) to develop our initiatives.

5. BACKGROUND PAPERS

5.1.1 Relevant previous decisions are indicated in the table below.

Item	Decision	Link
Policy and Resources Committee 10 June 2014	Decision Item 6 - Corporate Plan and Medium Term Financial Strategy 2015/2016 to 2019/2020	https://barnetintranet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=7856&Ver=4
Policy and Resources Committee	Decision Item 9 – Sport and Physical Activity Review Outline Business Case	http://barnet.moderngov.co.uk/documents/s21208/Sport%20and%20Physical%20Activity%20Review%20Revised%20Outline%20Business%20Case.pdf
Adults and Safeguarding Committee 19 March 2015	Decision Item 8 – Adults and Safeguarding Commissioning Plan	Item 8 – Adults and Safeguarding Commissioning Plan
Policy and Resources Committee – 24 March 2015	Decision Item 9 – The Better Care Fund 2015-2016– Agreement to enter into a Pooled Budget with NHS Barnet CCG	http://barnet.modern.gov.co.uk/documents/s22197/The%20Better%20Care%20Fund%202015-2016%20Agreement%20to%20enter%20into%20a%20pooled%20fund%20with%20NHS%20Barnet%20CCG.pdf
Policy and Resources Committee 9 July 2015	Decision Item 10 - Business Planning – 2015/16- 2019/20	http://barnet.moderngov.co.uk/documents/s24390/Finance%20and%20Business%20Planning%20Medium%20Term%20Financial%20Strategy%20201617%20to%20201920.pdf

Adults & Safeguarding Committee

Line ref	Opportunity Area	Description of saving (2016/20)	Consultation (How are we consulting on this proposal)	Impact Assessment	Budget	Savings										Variance Analysis				
						2015/16		2016/17		2017/18		2018/19		2019/20						
						£000	FTE	£000	FTE	£000	FTE	£000	FTE	£000	FTE					
Efficiency																				
E1	3rd Party Spend (Inc. Prevention)	Budget proposals for 2016-20 include efficiency savings on third party contracts by approximately 2% per annum. The bulk of the adult social care budget (75%) is spent on external contracts for care services with external providers. Of this, the majority is spent on individual support plans for people with eligible social care need which is being addressed through other savings lines below. The remainder of contracts, i.e those not spent on people with eligible needs, £5.5m in total and are being considered under this saving. Proposals are being developed in relation to individual contracts and the changes include commissioning different models of service delivery, terminating contracts, improved contract management and negotiation of better rates for 15/16 contracts.	One to one engagement with service users on a case by case basis if required.	Improved management of contracts will make services more efficient. Other services will need to agree changes to contracts that affect them and service providers will need to be consulted to ensure that changes are sustainable. Impact on delivery of prevention services will be carefully assessed to avoid negative impacts. Full EIAs will be undertaken on the proposed changes.	There may be a negative impact on customer satisfaction if services accessed on a universal basis are changed or reduced. However, specific targeting of existing services may increase satisfaction and outcomes for some customers. The savings are being proposed following a review of contracts and proposals for effectiveness.	Initial equalities analysis has been undertaken and indicates there are potential negative and neutral impacts on service users over 65 and with disabilities. This/these will be kept under review as proposals develop and reported at A&S Committee in Jan 2016. Individual EIAs will be undertaken for each contract affected.	12,188	(400)		(863)		(791)		(561)					(21.46)%	
E2	Staffing Efficiencies	Last year's budget proposals for 2016-20 included workforce savings spread equally over four years. These have now been brought forward to deliver an earlier saving. An element of the saving can be mitigated through improved productivity and efficiency, in particular through the implementation of an improved case management IT system and changes to the assessment process. The proposals will include reviewing management roles, skills mix (i.e. reducing qualified social workers and having more unqualified social workers) and back office efficiencies.	This will be subject to formal consultation with staff affected in 2015 following council employee relationships procedures.	Some elements of the changes are to the overall skill mix. Changes to assessment processes, new IT systems and the implementation of the hub approach will mitigate the impact on service delivery and service standards should be maintained.	The changes to service delivery may lead to a decrease in customer satisfaction from service users. This will be mitigated by the process improvements described.	Initial equalities analysis has been undertaken and indicates there is a potential negative impact on staff, especially female and BME staff. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016. A full EIA will be undertaken.	13,782	(1,088)	42	(400)				(213)		4			(12.34)%	
E3	Shared services & new delivery models	Identification of alternative delivery model(s) and / or shared service options, e.g mutual or trusts, 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, tele care, enablement, creative support planning) to reduce care costs. Savings will be delivered through implementation of an asset based approach to meeting care needs, using local resources to prevent the need for council funded care.	Service specific consultation will be undertaken if required.	The intended impact is to improve demand management and support people with social care needs through low-cost and no-cost support.	Neutral impact	Full Equalities Impact Assessments will be undertaken as proposals are developed. An initial Equality Impact Assessment has been carried out on the proposed new operating model and is included in the Strategic Outline Case being presented to Adults and Safeguarding Committee on 12 November. This is currently showing as 'impact unknown' for staff and 'no impact anticipated' for residents and service users.	10,505			(654)		(654)		(654)					(18.68)%	
E4	Pooled commissioning and operations with the NHS	It is now known that the Better Care Fund will continue into 2016/17. Evidence from other parts of the UK indicates that efficiencies can be delivered across health and social care by using social and community care instead of hospital care. This saving is assumed on the following basis: increased joint commissioning and budget pooling with the NHS on a larger scale to deliver savings across the system, with the local authority receiving a proportionate share of the efficiencies achieved.	Service specific consultation will be undertaken if required.	Impact on delivery will be assessed as proposals are developed. There may be a need for investment in social care services to deliver savings for the NHS and council, as community care and support is used instead of care in hospital settings.	Neutral impact	Equalities Impact Assessments will be undertaken as proposals are developed.	26,348							(727)					(2.76)%	
E5	Reshape working adults day care services to promote social inclusion and greater employment levels.	Savings from redesign of Day services and other community support projects which enable people to participate in social and recreational activities outside of the home. This will include a substantial remodelling of day services to promote greater access to community activities and the development of pathways into employment and volunteering. Eligible needs of service users and carers will continue to be met but in different ways.	Service specific consultation will be undertaken if required.	The savings will lead to a reduction in traditional day centre services. The impact of this will be mitigated by the development of an employment and volunteering pathway leading to meaningful alternatives for existing service users.	The changes to service delivery described are likely to lead to a decrease in customer satisfaction from service users and carers.	Initial equalities analysis has been undertaken and indicates there is a potential negative impact on service users with learning disabilities and their carers. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	16,695					(500)		(500)					(5.99)%	
Total																				
Reducing demand, promoting independence																				
R1	Savings through supporting people in the community as opposed to high cost care packages and residential placements	Continuation and further development of work to deliver savings through supporting older people in alternative ways, such as care in the community, instead of high cost care packages and residential placements. This will be applied to existing and new service users and will lead to increased use of universal services, enablement, telecare, equipment and direct payments which cost less than traditional home care and residential care. Eligible needs will therefore be met by a lower personal budget. The savings will be delivered 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, local clubs or local libraries, for example.	Service specific consultation was undertaken 2013 as part of the budget setting process for 2014/15 and 2015/16 budget, prior to the first year of the community offer initiative.	Will lead to changes in the way in which the needs of eligible individuals are met but eligible needs will continue to be met. This is a continuation of an existing savings programme.	Medium. Eligible needs will still be met. However, some users/relatives may still prefer traditional care and find creative options less palatable	EIA/s for service user impact were undertaken in 2013 and showed a positive/neutral impact on service users. This will be reviewed and updated if required prior to implementation of future savings. EIA updated in October 2015 and impact on service users (older adults, service users with physical disabilities and learning disabilities and mental health needs) remains positive/neutral.	34,078	(350)		(350)		(350)								(3.08)%
R2	Carers Intervention programme - Dementia	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. The saving is modelled on 10 couples and was developed and consulted on as part of the priorities and spending review process in 2013/14 and the adults and safeguarding commissioning plan. The programme to deliver support to sustain carers of people with dementia to stay in their own homes will be developed internally.	Service specific consultation will be undertaken if required.	Enhanced carers offer	Should increase	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users over 65 and carers. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	1,691			(160)		(160)		(180)						(29.56)%

Line ref	Opportunity Area	Description of saving (2016/20)	Consultation (How are we consulting on this proposal)	Impact Assessment	Budget	Savings					Variance Analysis					
						2015/16		2016/17		2017/18		2018/19		2019/20		
						£000	FTE	£000	FTE	£000		FTE	£000	FTE	£000	FTE
				Impact on Service Delivery	Impact on Customer Satisfaction	Equalities Impact										
R3	Housing Revenue Account (Moreton Close)	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. Saving is modelled on the difference between unit cost of residential care and extra care for 51 people.	Qualitative research with older people underway via a series of visits to extra care housing schemes, involving officers from Commissioning and Procurement, together with members of the Older Adults Partnership Board in terms of service user and carer representation. There will be focus groups with service users of a local extra care housing scheme.	More choice for older people, reduced take up of residential care	Should increase	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users over 65. This/these will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	6,806			(95)	(285)					(5.58)%
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. Thorough review of all young people currently placed in residential care and activity is underway to enable young people to move into more independent accommodation options, improving outcomes and reducing cost to the Adult Social Care Budget. Savings from the new ways of working, designed to increase service user independence, are also expected.	Staff Consultation has been undertaken in September 2015. Coproduction and research work has been underway with parent and carer representatives since March 2015. Service specific consultation will be undertaken if required.	Should lead to better outcomes but may be difficulties in embedding new way of working	Should improve independence of young people. Eligible needs and statutory duties will continue to be met. Some users and families may prefer traditional care and this could lead to reduced satisfaction.	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users with disabilities. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	29,637	(300)		(350)		(150)		(100)		(3.04)%
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 by achieving a 0.5% retention rate (c.14 carers). Savings are from cost avoidance of increased homecare support. This is a continuation of previous carers offer savings.	Carers engaged in development of new specification for services and will be involved in evaluation of bids.	Should improve	Should improve	EIAs for service user impact have been undertaken and is currently showing a positive impact on service users. This will be reviewed ahead of implementation of the further savings. Existing carers EIA to be updated to cover carers at work initiative.	16,344			(141)		(152)				(1.79)%
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 for c.20 adults.	Service specific to be undertaken as proposals are developed and if required.	Should improve	Should improve	Initial analysis indicates that no staff and/or service user EIA is required because the proposal does not impact on service delivery or staff. This will be kept under review as the specific proposals develop and any changes reported back at the A&S Committee in Jan 2016.	3,580	(100)		(180)		(170)		(170)		(17.32)%
R7	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 assistants and therefore are able to personalise and control their care and support to a very high level. Savings are based on lower unit costs than home care agencies but assume all PAs are paid the LLV. Saving is modelled on 78,000 hours of home care being provided by PAs instead of home care agencies.	Service user case by case reviews will be carried out if required as the proposals are developed further.	Positive	Positive. Should improve - more choice	EIA for service user impact have been undertaken and is currently showing positive impact on service users (older adults, people with physical disabilities and learning disabilities and people with mental health needs). This will be reviewed ahead of implementation of the savings.	7,730	(60)		(200)						(3.36)%
R8	Support for Working age adults	Review support packages and develop support plans 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 to the above for people currently in residential care- Ensure that the review and support planning process is more creative and cost effective- Ensure that this considers how technology can enable people with disabilities to live more independently.	Engagement and reviews done on a case by case basis.	Promotes independence and integration into communities. Will lead to changes in the way in which the needs of eligible individuals are met but eligible needs will continue to be met.	High - likely to require changes to packages of care. Eligible needs will still be met but some users and their families may prefer traditional care and this could lead to dissatisfaction.	Equalities impact assessments for service user impact have been undertaken and are currently showing a positive/neutral impact on service users (younger and older adults, people with physical disabilities, learning disabilities and mental health needs. As well as those with substance misuse concerns and other vulnerable people). These will be reviewed as proposals are developed and ahead of implementation of the savings.	29,637	(700)		(450)		(350)		(200)		(5.74)%
R9	Mental Health service users moving to step down/independent accommodation	Work has taken place to identify and review service users in placements who are suitable to step down from residential to supported living. Eligible needs will still be met. These savings are based on an audit of mental health service users currently in high cost residential placements who have been identified as suitable for more independent living (20 users).	Individual consultation and engagement with individuals and their families as part of the care and support planning process. Service Users and their families will continue to be at the centre of the Care Plan Approach as their move-on plans are developed and supported.	there will be a need to secure suitable independent living accommodation. Staffing resources will need to divert in Commissioning to develop the supply of accommodation. Social Care staffing will need to be diverted to deliver intensive recovery work to ensure services users develop skills to live more independently. Skills development will need to take place to manage existing providers to support the move on plans.	Satisfaction should increase for users who will secure more independence in their lives. However, satisfaction may decrease for those who prefer more traditional care.	Impact will be assessed on an individual basis. Should be a positive impact for individuals. Full Equalities Impact Assessments will be undertaken as clients are identified.	2,746			(500)						(18.21)%
R10	Remove subsidy from home meals service to reduce overhead costs, whilst ensuring service user assessed needs and preferences are met from a range of providers.	Remove the Council subsidy for the home meals service on expiry of the current contract and put in place alternative arrangements which actively enable service users to self arrange meal provision which meets individual and cultural needs in a safe way.	Service Specific Consultation completed in September 2015.	All service users have been reviewed and a range of alternative provision has been identified. Staff will focus on signposting and supporting users to purchase the service directly instead of managing a contract.	It is anticipated that some of the current service users and their carers will not be satisfied with the proposal. There may be people who do not have the means or the ability to cook or source their meal. Under exceptional circumstances the delivery unit will consider supporting those people. This may include a cost to the council for covering meals or arranging alternatives.	An equalities impact assessment has been undertaken and there will be a negative impact on people from ethnic minority backgrounds, people aged 85 and over, and Jewish people. However as part of the alternative food options customers will be signposted to a range of provision, including cultural specific provision and also supported to buy the same service directly if they wish.	284	(280)								(98.68)%
R11	Wheelchair Housing	Use of existing wheelchair accessible housing stock of 21 units to enable people currently in high cost residential, nursing or supported living placements to become more independent ('step down'), through improved working between adult social care and Barnet's homes. The saving is also modelled on a small number of new build wheelchair housing units funded from HRA headroom. The saving is expected from a reduction in the cost of care package following review, preparation and transfer of individuals to more suitable placements, based on an average saving of £25K per year for high cost residential placements, and £10K per year for lower cost placements. Wheelchair accessible housing will be best suited to individuals with physical disabilities, or multiple disabilities and these are the primary cohort. Saving is modelled on people placed, saving the difference between care in one's own home and high cost residential placements.	One to one engagement with service users as part of the support planning process. This is a continuation of current national and local personalisation and promoting independence policies.	Step down options will enable individuals to live more independently and have more choice and control over their care and support, which is in line with the services principles. All eligible care and support needs will still need to be met.	Promotion of independence should lead to increased service user satisfaction. A process of engagement with service users, their carers and families will be required to prepare individuals for step down. If this is not managed effectively service user satisfaction may drop. Service users and families who prefer traditional care may be less satisfied.	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users, especially those with physical and learning disabilities.	2,489	(83)		(139)		(97)		(110)		(17.24)%

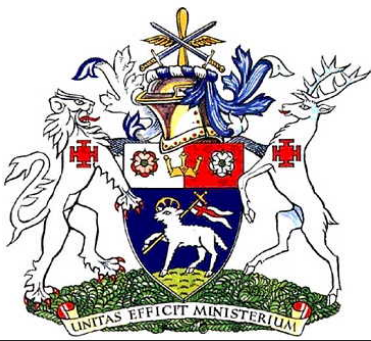
Line ref	Opportunity Area	Description of saving (2016/20)	Consultation (How are we consulting on this proposal)	Impact Assessment	Budget	Savings						Variance Analysis					
						Impact on Service Delivery		Impact on Customer Satisfaction		Equalities Impact							
						2015/16	2016/17	2017/18	2018/19	2019/20							
£000	£000	FTE	£000	FTE	£000	FTE	£000	FTE									
R12	Older People Home Share	Encourage use of Older people home share schemes (where older people make space in their properties available at no/reduced rent to younger people/ students in return for support with domestic tasks such as cooking, cleaning, shopping etc). This will reduce reliance and requirement for home care and the cost of some care packages and is expected to have a positive impact on loneliness. Saving is based on a reducing the uptake of homecare hours for older people and stepping some users down. The saving will be £2k per year for each additional homesharing arrangement (120 homes). Saving will be delivered if home share scheme is targetted at those who would otherwise have those needs met by the Council. However, home share will also be developed as a preventative service in addition.	One to one engagement with service users as part of the support planning process. Each to be considered on a case by case basis.	Older people home share schemes should help alleviate demand for home/domiciliary care thus leading to a reduction in the cost of care packages. The scheme is consistent with the principles of promoting independence and supporting to people to remain at home for longer.	Home share schemes will be voluntary and, where used, are expected to increase customer satisfaction as individuals are offered a creative solution allowing them to remain independent at home for longer.	Initial equalities analysis has been undertaken and indicates there is a potential positive /neutral impact on service users especially those over 65. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	6,212	(22)		(44)		(72)		(102)		(3.86)%	
R13	Brent Cross Hub and Spoke	Extra Care development of fully integrated service for older people to rent, offering a wide range of services as an alternative to more expensive residential care. 51 units. Saving is modelled on a 10k saving per person per year, based on the difference between the costs of residential care and extra-care. Saving will be achieved if the scheme is targetted at those who would otherwise have their needs met by the council.	Service specific consultation will be undertaken if required.	More choice for older people, reduced take up of residential care	Should improve	Full Equalities Impact Assessments will be undertaken as clients are identified.	6,806								(380)		(5.58)%
R14	Colindale Extra Care	Extra Care development of fully integrated service for older people of 51 Units. Saving is modelled on a 10k saving per person per year, based on the difference between the costs of residential care and extra-care. Saving will be achieved if the scheme is targetted at those who would otherwise have their needs met by the council.	Service specific consultation will be undertaken if required.	More choice for older people, reduced take up of residential care	Should improve	Full Equalities Impact Assessments will be undertaken as clients are identified.	6,806					(380)					(5.58)%
Total							(1,895)	0	(2,609)	0	(2,166)	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. Saving is modelled on the impact of reducing demand on acute and residential care by working to reduce unplanned care.	Initial consultation with service users took place to develop the Business Case through 2014. Further consultation to take place with staff and residents as proposals develop.	Services will need to reshape and align to work on a locality basis. This will change the patterns and style of service delivery to focus on the person and their family. Staff will require support and development to operate in new models of care and practice	Should increase as people will receive less and more focussed interventions.	Initial equalities analysis has been undertaken and indicates there is a potential positive impact on service users. This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	27,693			(385)		(300)		(350)		(3.74)%	
S2	Assistive technology (telecare) business case	Increased use of assistive technology (e.g. sensors, alarms, monitoring systems) both in individuals homes and in residential and nursing care providers, is expected to lead to a reduction in care package costs (e.g. reduction in requirement for waking/sleeping nights). This could be delivered through partnering with a telecare provider to provide large scale telecare services.	Provider engagement and market shaping will be required. Service specific consultation will be undertaken if required.	Increased use of telecare/ assistive technology will support individuals to remain at home for longer, or reduce reliance on more traditional service types. Staff may require further training in order to identify service users who may benefit from assistive technology, and significant provider engagement will be required to introduce telecare into residential/ nursing care providers.	Telecare can enhance individuals feelings of safety and enable individuals to remain independent and in their own homes for longer. However users and carers who prefer traditional care may be less satisfied.	Initial equalities analysis has been undertaken and indicates there is a potential positive /neutral impact on staff and service users (older people, LD, PD, MH). This will be kept under review as proposals develop and reported at A&S Committee in Jan 2016.	29,135			(500)		(500)				(3.43)%	
S3	Continuation of mental health placement savings	Following full implementation of the new mental health social work model to provide better services for users, the intention is to deliver further savings to high cost placements, workforce reconfiguration and longer term demand management for latter half of 4 year MTFs. The Saving is modelled on projections for demand of mental health care, the intended impact of demand management and reduction in crisis care admissions to hospital.	Engagement with service users took place to develop the Business Case through early 2015. Further consultation to take place with staff and residents as proposals develop, as agreed by Adults committee in September 2015. Service Users continue to be involved in the coproduction of the new service.	Staff are engaged in the coproduction process and have identified the tools and systems they require to work in the new model. A workforce development plan and estates plan set out further impact.	It is intended that as people are supported with timely access to service and have their needs met more efficiently without unpleasant experience of crisis care that satisfaction will increase.	Initial engagement with service users took place to develop the Business Case through early 2015. Consultation with staff and residents to take place towards the end of 2015 as proposals develop. This was agreed by Adults and Safeguarding Committee in September 2015. Service Users continue to be involved in the coproduction of the new service proposals.	5,171					(250)		(250)		(9.67)%	
Total							0	0	(885)	0	(1,050)	0	(600)	0			
Overall Savings							(3,383)	42	(5,411)	0	(5,161)	0	(4,497)	4			

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Adults and Safeguarding committee - capital additions, reductions and re-profiling

Committee	Project	Expenditure						Funding						
		2015-16	2016-17	2017-18	2018-19	2019-20	Total	Grants / External Funding	RCCO / MRA	Other (incl. S106 and CIL)	Capital Reserve	Capital Receipts	Borrowing	Total
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Adults and Safeguarding	Sport and Physical Activities	(21,800)	6,600	13,200	2,000		0							0
Adults and Safeguarding	Investing in IT	1,276					1,276	819		207			250	1,276
Adults and Safeguarding	Centre for Independent Living	(1,476)					(1,476)	(1,476)						(1,476)
Adults and Safeguarding	Social Care Capital Grant	(819)					(819)	(819)						(819)
Total		(22,819)	6,600	13,200	2,000	0	(1,019)	(1,476)	0	207	0	0	250	(1,019)

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Adults and Safeguarding Committee

12 November 2015

Title	Home Meals Service
Report of	Adults and Health Commissioning Director / Director of Adult Social Services
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A – Home Meals Consultation Appendix B – Equalities Impact Assessment
Officer Contact Details	Rodney D’Costa, rodney.d'costa@barnet.gov.uk 020 8359 4304 Amisha Lall, Amisha.Lall@barnet.gov.uk 020 8359 6028

Summary

Home Meals services (meals-on-wheels) are currently provided under a contract with Sodexo which expires on 31 March 2016. Barnet Council along with a number of local authorities have traditionally provided a Home Meals service. However, in the recent past there has been a decline in numbers of people in Barnet choosing the service. There has also been a reduction in Councils commissioning or providing Home Meals services. This trend reflects a number of factors including: wider societal changes e.g. availability of ready meals / internet shopping; meals provided in the community through voluntary organisations; the national policy direction for personal budgets and a move away from block contracts; and financial challenges to local authority budgets.

This report sets out details on the use of the service; highlights the alternative meals options available in the community; and presents a detailed analysis of the needs of users gained through individual face to face reviews with professional social work staff.

The report recommends that the Sodexo meals contract is not renewed; and that Adults and Communities instead works with existing and new clients to adult social care to signpost and support them to find suitable alternatives which meet their needs. Under the Care Act 2014, in some exceptional cases, the Council will have a duty of care to support clients’ nutritional needs and the proposed approach will enable the Council to discharge its statutory responsibilities.

Recommendations

- 1. Adults and Safeguarding Committee agrees that from 1st April 2016, on expiry of the Sodexo Home Meals Contract, that the Council does not enter into a further contract for the provision of a Home Meals Service and therefore by default that the Council discontinues it's Home Meals Service.**
- 2. Subject to recommendation 1, existing and new clients are immediately signposted and supported to find suitable alternative meals options.**
- 3. Where any existing or new clients are considered to have a nutritional need as part of an assessment and support plan under the Care Act 2014, that the Council arranges this through the most appropriate means, with client contributions in line with the published fees and charges for Adult Social Care.**

1.0 WHY THIS REPORT IS NEEDED

Context

- 1.1 Home Meals services (sometimes also referred to a “community meals” or “meals on wheels”) are provided by a commercial provider, Sodexo, to eligible service users. Eligible users are those who meet Care Act 2014 eligibility criteria for council adult social care support. The provision comprises a home-delivered hot meal to 157 service users across the borough, 7-days a week between 12pm and 2pm. An estimated 50,000 meals are delivered annually (2014–15 data). The range of meals includes standard / vegetarian option, Asian vegetarian / Halal, kosher and gluten-free. In the event that the service user does not respond to a door call and the delivery driver is unable to contact the individual or their family (depending on what details they have on record), the driver contacts the Council to inform them of a ‘no response’. This triggers the next process for the Council to investigate.
- 1.2 The current contract period with Sodexo runs from 1 April 2011 to 31 March 2016 (this includes a one-year extension). Currently there are 157 people in receipt of Home Meals in Barnet. User numbers have reduced significantly over the recent past. The approximate contract spend in 2014/15 was £465k gross and £274k net after client contributions. It should be noted that the contract spend does not include Council overheads, for example relating to procurement and recovery of client contributions. The Council charges service users a flat rate of £4.15 per meal, billed monthly, although actual meal costs range from £7.26 for a standard meal to £11.71 for a kosher meal. The service is not means tested and users are charged the same rate regardless of personal income.
- 1.3 The majority of London Boroughs (52%) do not have a Home Meals service, instead signposting service users to alternatives in the community. Of those that do provide a service, this is usually via a commercial provider like Sodexo.
- 1.4 The decline in Barnet user numbers is illustrated in Table 1.

Table 1: Number of meals recipients in Barnet over 5-year period

Period	No. of recipients at the end of each financial year	Year on year % decrease	% decrease since 2010-11
2010-11	326	-	-
2011-12	280	14%	14%
2012-13	281	nil	14%
2013-14	255	9%	22%
2014-15	216	15%	33%
@ Oct 2015	157	--	52%

1.5 This decline can be attributed to a number of factors, including: wider societal changes e.g. availability of ready meals / internet shopping; national / sector policy agenda; meals provided in the community through voluntary organisations; and financial challenges to local authority budgets.

- National / sector policy agenda: the Personalisation agenda has influenced policy and sector thinking; for example moving away from block purchasing to individual or spot purchase arrangements and the promotion of self-reliance amongst individuals and communities, often with local authorities taking an enabling or facilitating role; for example through signposting and the provision of information and advice.
- Community options for meals (“click” [meals options hyperlink](#)) – contains food and meal options available in the Borough, compiled by the Prevention and Wellbeing Team in Adults & Communities. This information is publicly available via the Council’s website and also used by the Council’s Customer Contact Centre for signposting customers and by professional staff when assessing or reviewing clients.
- The Adults and Safeguarding Committee commissioning plan 2015/16 – 2019/20 sets out the context for managing the key changes required by the Care Act 2014 and health and social care integration at a time of rising demand, increased expectations and shrinking resources. On the latter point, Adults and Safeguarding Committee has been required to identify £18.597m of savings (a 21% reduction of budget) through to 2020 as part of its share of corporate budget reductions to allow the Council to live within its means. In this context, any decision to not make savings in Home Meals would require substitute reductions elsewhere in adult social care.

1.6 The legal position is that local authorities do not have a statutory duty to provide a Home Meals service (see also paragraph 7 for detailed Legal comments). However, under the Care Act 2014 (The Act), Councils must ensure that the nutritional needs of an adult are met if this requirement is established as an eligible need based on a qualifying assessment and support plan.

2.0 REASONS FOR RECOMMENDATIONS

- 2.1 As part of reviewing the current Home Meals provision a thorough analysis of data was undertaken, revealing that there has been a 52% reduction in service users in receipt of Home Meals, from 326 at the end of 2010/11 to 157 service users in October this year (Table 1 refers).

Table 1: No. of meals recipients over 5-year period

Period	No. of recipients at the end of each financial year	Year on year % decrease	% decrease since 2010-11
2010-11	326	-	-
2011-12	280	14%	14%
2012-13	281	nil	14%
2013-14	255	9%	22%
2014-15	216	15%	33%
@ Oct 2015	157	-- (not full year)	52%

Overall the analysis suggests that demand will continue to decline due to alternatives available. The decline in numbers has an on-going impact on the value for money of the service i.e. reduced volume results in a higher unit cost and related contract price paid by the Council.

Proposed new model

- 2.2 The Adults and Safeguarding Committee commissioning plan 2015/16 – 2019/20 sets out how the Council will manage the key changes required by Government relating to the Care Act 2014 and joined-up health and social care at a time of rising demand, increased expectations and shrinking resources. These two significant changes will lead to an increased demand for adult social care support over and above the increased levels of demand from demographic pressures. The key priorities and outcomes contained in the commissioning plan reflect the underpinning corporate principles of **fairness**, **responsibility** and **opportunity**. This implies focusing resources on those most in need whilst supporting people to help themselves as much as possible and make the most of appropriate services available in the community. In some cases users will be required to pay more for certain services as the Council prioritises the resources it has available.

- 2.3 Subject to approval by Committee, the proposed new model is:

- a) From 1st April 2016 there will be no Home Meals service; meals will not be commissioned, provided, or subsidised by the Council for existing or new customers except for (c) below.
- b) All customers will be signposted to commercial providers (including established providers like Sodexo and Wiltshire Farm Foods); and alternatives within the community (including established services like the Casserole Club, Silver Service and luncheon clubs). For existing service users, there will be a managed process to support them to access their

preferred alternative, including supporting them to contract directly with a commercial provider.

- c) The Council has a duty of care and any support for nutritional needs will be considered as part of an assessment and support plan under the Care Act 2014; or in other exceptional circumstances, for example where service users do not have the means to pay, source or cook a meal; or where it may be part of a time-limited enablement pathway.

2.4 The new model will ensure that people are provided with information and advice about a range of options available to them that provide them with choice and control over what they eat, and support them to stay independent within the community. There are several benefits of the proposed approach to the home meals service including:

- People will have the opportunity to choose what they eat from a wide range of options available to them (and these choices are not limited to those provided by the Council).
- People are empowered to make their own decisions about their meals.
- People have the opportunity to mix and match between different services for example choosing to have lunch at a lunch club on some days and using the shopping service on other days of the week.
- Supporting the local community, particularly lunch clubs, voluntary and community services by promoting their services through various channels.
- Targeting a wider audience in Barnet, and not just those that the Council supports.
- Making best use of the Council's resources by encouraging service users to use services that are currently available and that the Council fund e.g. befriending schemes.

2.5 The work to develop the Home Meals proposal has examined the arrangements in place across neighbouring boroughs. Enfield Council for example through its website publicises Sodexo, Appetito and Wiltshire Farm Foods as home meal providers, with Sodexo offering for an additional charge a 'checking' service which will advise carers or social care agencies if there are any concerns. Meals are arranged directly between the provider and the service user / carer.

Consultation

2.6 The development of the Home Meals proposal involved extensive consultation with stakeholders commencing 3rd August to 30th September 2015 as set out in Appendix A. In addition it was recognised that each user of the Home Meals service would require a formal review of their needs and support plan. This was undertaken by professional staff in adult social care over the period August to October 2015. Of 157 service users, 153 were reviewed. The remaining users were not available for a formal review. The purpose of these reviews was to ascertain the level of need in relation to nutrition and to also identify customers' preferred alternative options to the current Home Meals service, should this proposal be agreed by Committee.

2.7 Overall feedback from the survey and other communications (excluding reviews) based on 23 responses to the on-line consultation via the Council's consultation e-portal, Barnet Engage and 35 other communications, detailed below, is against the proposal to discontinue the Home Meals service. The top four concerns were:

1. Concern for vulnerable people.
2. Individuals have no other way / would find it difficult to source or obtain a meal.
3. Individuals have no other care and support services other than the Home Meals service.
4. Not happy with / against the proposal.

23 people responded anonymously to the on line survey on Barnet Engage comprising:

- 17 people were Barnet residents
- 1 represented a voluntary sector / community organisation
- 1 represented a public sector organisation
- 4 categorised as 'other' (people who act as representatives for carers, & those with disabilities; and relatives of service users)

35 letters / e-mails / telephone calls were received comprising:

- 14 people categorised as current service users
- 15 people categorised as carer / family / friend / next of kin / guardian
- 4 people represented a provider / care home (this includes 1 Sodexo driver)
- 1 person was a member of the public
- 1 response was received from a political party

Reviews of users of Home Meals

2.8 Individual face to face reviews of 153 service users were undertaken. These reviews have highlighted a relatively low number (16) of clients with current needs requiring the traditional home meals service (in these cases Adults and Communities staff will make the necessary arrangements to ensure continuity of service and continued safeguarding of clients). At the same time the results suggest that there are alternative options and professional staff will follow up these cases and agree the outcomes with clients subject to this proposal being agreed. There is a sufficiently strong case for not continuing the Home Meals service beyond the term of the current Sodexo contract and instead signposting people to alternative options available in the community. In a minority of cases i.e. subject to The Act, the Council may need to provide an appropriate level of support.

Financial Impact

2.9 Table 2 sets out the costs of the current meals service. If the proposed approach is implemented, the projected savings to the Council are approximately £274,000 (based on 2014/15 net spend). Note that the contract spend does not include Council overheads, for example relating to procurement and recovery of client contributions.

Table 2: Annual costs and savings for the Council (2014/15 prices)

Option	Contract cost	Client contribution (£4.15 per meal)	Net cost to the Council	Saving
Discontinue Home Meals	£465,077	£190,611	£274,466	Full Savings of £274,466

2.10 Table 3 sets out the financial impact to customers based on directly purchasing meals (including the standard 2-course Sodexo meal). Note that options are not exhaustive; there are other ways people can access meals e.g. on-line shopping, the Casserole Club (free), support through family and other networks.

Table 3 – Costs to Customers (2014/15 prices)

Option	Cost per meal purchased directly
Meals through Wiltshire farm foods: frozen standard 2-course meal	£5.82
Meals through Wiltshire farm foods: frozen kosher 2-course meal	£10.60
Meals through Wiltshire farm foods: frozen Asian Halal 1-course meal	£6.15
Meals through Sodexo: hot 2-course meal (Note: this is the standard meal currently provided through Barnet's Home Meals Service. Service users pay a flat rate contribution to the Council of £4.15 per meal)	£6.25
Meals through Silver Service (Ageing Well Programme): 2-course meal	£5.00
Lunch clubs	£3.50

3.0 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 A number of options were considered as part of the initial scoping and development of the business case, however, after detailed appraisal these were rejected, as detailed below:

Option	Key Reasons Rejecting Option
Option 1 – Continue the service as is and run an OJEU tender to appoint a supplier for community meals.	The decline in numbers of clients in receipt of meals has an on-going impact on the value for money of the service i.e. reduced volume results in a higher unit cost and related contract price paid by the Council.

Option	Key Reasons Rejecting Option
Option 2 – Stop new enrolments in the service, identify a list of suppliers and publish their details on the Council's website to sign post new residents.	Implemented in isolation this option would mean that the Council would risk not complying with its duty under the Care Act 2014.
Option 3 – Home and Community and Enablement care workers to enable individuals to prepare meals.	This option would not achieve savings and would require additional capacity (and cost) within the Home and Community Support contract.
Option 4 – Catering team (run by Children's Services on a trading account basis) to prepare the meals and deliver directly or via the transport team.	<p>The Catering Team does not have a distribution network and the Council's transport team does not have the resource (drivers, fleet and equipment) to deliver the meals therefore transport would need to be outsourced.</p> <p>Whilst the Catering Team are able to produce freshly cooked meals, certain types of meals e.g. Asian Vegetarian or Halal would need to be sourced elsewhere.</p>
Option 5 – Voluntary and community groups prepare and deliver the meals	Previous research by the Corporate Procurement Team revealed that this sector is not well developed to provide a comprehensive and sustainable service.

4.0 POST DECISION IMPLEMENTATION

- 4.1 Should Committee agree the proposal, a number of activities will be actioned subsequently. These include informing current service users and the public about the decision; working with service users to implement alternative options for them; and working with the current provider to follow the appropriate processes in preparation for the ending of the contract.
- 4.2 Where reviews of existing service users have identified an on-going need for meals e.g. on grounds of nutrition or as part of a time-limited enablement pathway, then these will be followed up on an individual basis to ensure the welfare and wellbeing of service users.

5.0 IMPLICATIONS OF DECISION

Corporate Priorities and Performance

- 5.1 The Council's vision that "health and social care services will be personalised and integrated, with more people supported to live longer in their own homes" and "by 2020 social care services for adults will be remodelled to focus on managing demand and promoting independence, with a greater emphasis on early intervention. This approach, working with housing and health services, will enable more people to stay independent and live for longer in their own homes".

5.2 This proposal therefore promotes choice and independence by supporting people to live longer in their own homes whilst recognising the duty towards those with assessed needs and a support plan under the Care Act 2014.

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

6.1 Paragraphs 2.9 and 2.10 (Tables 2 and 3), respectively set out the potential saving to the Council and the potential cost to service users of not procuring a Home Meals service on expiry of the current contract, representing a saving of £274,000 to the Council. If on cessation of the service there are a number of existing service users needing on-going support to have their needs met, a contribution would be sought from the user.

6.2 There is a risk that with continuing declining numbers of service users receiving meals, any re-procurement with a commercial provider such as Sodexo will result in a higher unit price and therefore a higher contract value paid by the Council.

7.0 **Legal and Constitutional References**

7.1 Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Responsibility for Functions, Appendix A). The Adults and Safeguarding Committee has the following responsibilities:

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

7.2 The Council has a number of specific and general duties owed to all adults. The Care Act 2014 (The Act) sets out a number of those duties, including:

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

Although the Council is not under any statutory duty to provide or commission a community meals service, it must give proper consideration as to whether any changes or cessation in service will have any effect on its ability to fulfil its statutory duties. If it does then it will have to consider alternatives to ensure compliance with those duties.

- Section 9 of the Care Act 2014 sets out a duty on the Council to assess an adult's needs for care and support where it appears that the person may have needs for care and support.
- Section 10 sets out a duty to assess whether a carer has needs for support where it appears that a carer may have needs either currently or in the future.
- Section 18 provides that the Council must meet an adult's need for care and support which meet the eligibility criteria, subject to provisions on residence, costs and charging.

- 7.3 The Council must therefore ensure that the nutritional needs of an adult are met if this requirement is established based on a Care Act 2014 assessment and support plan. All adults currently in receipt of community meals will therefore need to be assessed to ascertain their nutritional needs and whether there is an on-going requirement for the Council to commission the provision of a meal or some other service to meet this need. All potential users of adult services will be assessed under the same provisions of the Care Act 2014 to ascertain their care and support needs and their eligibility for services.
- 7.4 In accordance with s13 of the Care Act 2014 all adults who have care and support needs but do not meet the eligibility criteria and therefore are not eligible for a service must be given written advice and information on how to meet or reduce needs. This should include signposting to other services where appropriate.
- 7.5 There is also the more general duty on the Council to maintain a service providing advice and information relating to care and support for people and it must have regard to the importance of identifying adults in their area who would benefit from financial advice and ensure that all information and advice is accessible. This will include advice on access to benefits and alternative sources for the provision of and assistance with meals.
- 7.6 The Council has safeguarding duties under s42 of the Care Act 2014 whereby, if the Council has reasonable cause to suspect an adult has needs for care and support and is experiencing or at risk of abuse or neglect and as a result of those needs is unable to protect themselves the Council must make/cause to be made enquiries. This would include abuse or neglect suffered as a result of inadequate nutrition.

8.0 **Risk Management**

- 8.1 The face to face reviews of current recipients of the Home Meals service are compliant with the Care Act 2014 and include an individual assessment of risk. The risk relating to individuals (who might have dementia for example) not having daily contact with, say a Sodexo delivery person is considered very low based on reviews of clients. In such circumstances, however, various options are available to mitigate this risk – for example telecare.

9.0 **Equalities and Diversity**

- 9.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - advance equality of opportunity between people from different groups.
 - foster good relations between people from different groups (protected characteristics i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

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

9.2 An EIA for this proposal is attached as Appendix B and the key points summarised below:

There are 157 people receiving a home meals service of which:

- 57% are older people aged 85 and over and this group will be negatively impacted.
- 50% (79 people out of 157 people) are classified as people with 'physical disability – frailty' and this group are likely to be negatively impacted.
- In relation to Ethnicity 79% of 157 service users are white (including white British and Irish). There are few service users (13%) of BME backgrounds. However, any changes or withdrawal of service will have an impact on customers from minority ethnic backgrounds.
- Jewish people who receive the home meals service are over represented compared to Barnet's overall Jewish population which accounts for 18% of the population. Therefore there will be a negative impact on this group.
- 68% of service users are female; while the majority of recipients are female, there will be no disproportionate impact on them. People will not be affected any differently from other groups by virtue of their gender / sex.
- Carers of those receiving the service will be impacted by the proposed change. It may result in an increase in their responsibility for their cared for.
- A public consultation was held between August 2015 and September 2015 and also service users (153 out of 157) have had face to face reviews to ascertain their level of need and identify if there are alternative options for home meals available for service users, if the proposal to not have the service is agreed. Details of the findings can be found in Appendix A of this report.
- The public consultation and feedback from the reviews suggest that people are not in favour of the proposal. Furthermore the EIA has demonstrated that if the proposal to not have a home meals service in the future is agreed, it will have a negative impact for some. There are a number of mitigating actions that have been identified to minimise the negative impact on customers as well as reducing any reputational impact on the Council.
- It is important to note that that while the proposal is to not have a home meals service in the future, the Council will signpost people to alternative options available in the community. The Council recognises that it has a duty to meet assessed eligible needs and have a duty to safeguard vulnerable adults. Where people are assessed as having an assessed

eligible need, the Council will provide the appropriate level of support.

10.0 **Consultation and Engagement**

10.1 As noted in paragraphs 2.6, this proposal was subject to wider stakeholder consultation from 3 August to 30 September 2015. In addition face to face reviews of service users in receipt of Home Meals were undertaken by professional staff in the Adults & Communities Delivery Unit. The consultation and review results are attached as Appendix A to the report.

11.0 **Insight**

11.1 This proposal is not specifically or directly impacted by the analysis presented in the Joint Strategic Needs Assessment 2015 – 20. Insight from the aforementioned face to face reviews will be used to inform the next steps (paragraph 4.2 refers), subject to the decision of Committee.

12.0 **BACKGROUND PAPERS**

12.1 Alternative Meals Options in Barnet (publicised on the Adults & Communities web page).

<https://www.barnet.gov.uk/citizen-home/adult-social-care/support-at-home/meals-at-home.html>

APPENDIX A: Home Meals Consultation Report

Responses to the Barnet Public Consultation on the Home Meals Service 2015

Author	Amisha Lall
Date	14 October 2015
Service/ Dept.	Adults and Health, Commissioning Group

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1. EXECUTIVE SUMMARY

This report sets out the detailed findings from the home meals service consultation which started on 3 August 2015 and ended on 30 September 2015.

It also includes a summary of the findings from the face to face reviews which were undertaken by social workers with the current service users of the home meals services and their carers/family (as appropriate). This does not include any confidential or personal information but summarises service users' views relating to the proposal as part of this consultation feedback report.

1.1 Summary of approach to consultation

Responses to the consultation were received in 3 different ways:

- a) Barnet Engage – the Council's consultation e-portal
- b) Letters / telephone calls / emails
- c) Through the face to face reviews of current service users

A summary of the key findings is set out below. The results will be considered as part of the recommendations for the future of the home meals service, which will be presented to the Adults and Safeguarding Committee in November 2015.

1.2 Barnet Engage

The on-line survey consisted of two questions:

1. Do you have any comments about our proposals?
2. Do you have any suggestions on how else we can support people to get a meal in Barnet?

A range of questions relating to equalities and diversity were also asked. However, fewer than 50% of respondents completed these questions. Since the response rate for this was low, the results have not been included in this report as it would not be representative of the overall respondents.

23 people responded to the online survey; the majority of the respondents were Barnet residents.

1.2.1 *Barnet Engage – summary of key findings*

- Comments about the proposal

Respondents were asked if they had any comments about the proposal. None of the respondents were in favour of the proposal and reflected concern about the Council's proposal to not have a home meals service in the future. The most commonly mentioned reasons for their answers were:

- Concern for vulnerable people, for example people with dementia, health related issues, people mental health conditions and those that are unable to leave their home (57% / 13 respondents out of 23)
- Increase in costs of other services including home care and health services (17% / 4 respondents out of 23)
- Loss of social contact (13% / 3 respondents out of 23)
- Concern about financial implications e.g. paying more for meals (13% / 3 respondents out of 23)

➤ Suggestions on how else people can be supported to get a meal in Barnet

Respondents were asked if they had any suggestions about how else people can be supported to get a meal in Barnet.

The top six responses included:

- Continue to provide home meals service (26% / 6 respondents out of 23)
- Encourage and promote other initiatives, community and voluntary services (17% / 4 respondents out of 23)
- Vital service for elderly and vulnerable people (13% / 3 respondents out of 23)
- Voluntary sector organisations to provide service (8% / 2 respondents out of 23)
- Cut staff salaries (8% / 2 respondents out of 23)
- Cannot offer a solution (8% / 2 respondents out of 23)

NB: respondents provided more than one comment for this question

1.3 Letters / emails / phone calls

The Council was contacted by 34 people to give feedback through letters, emails and telephone calls. General feedback was given (people were not responding to any specific questions).

The responses have been categorised into themes derived from the feedback.

1.3.1 Letters / emails / phone calls – summary of key findings

The most commonly mentioned concerns expressed by respondents included:

- Concern for vulnerable people (41% / 14 respondents out of 34)
- Individuals have no other way / would find it difficult to source/obtain a meal (38% / 13 respondents out of 34)
- Individuals have no other care and support services other than the home meals service (15% / 5 respondents out of 34)
- Not happy with proposal / against proposal (15% / 5 respondents out of 34)

NB: respondents provided more than one comment

A response was also received from the Labour Group. This has been set out in section 3.4.1 of this report.

1.4 Face to face reviews

Face to face reviews were undertaken by social workers/reviewers from the Adults and Communities Delivery Unit, between August 2015 and October 2015, to ascertain the level of need of current service users of the home meals service and their carers; and also to identify if there are alternative options for lunch time meals that would be suitable in the future, should the proposal be agreed by the Committee.

In October 2015 at the time of the reviews, 157 people were using the home meals service and as at 9 October 2015 153 reviews (97% of 157) reviews had been completed.

Findings from the reviews indicate that:

- There were negative views expressed about the financial impact on service users to meet the full costs of meals. (note: the review meeting did not include a formal financial assessment of service user income, in line with council Fairer Charging policy)
- Negative views were expressed that there would be a high impact on service users and their carers if there was no meals service or any alternative options.
- Suitable alternative options were identified for the majority of service users by the review.
- The reviewers identified that a small number of service users will continue to need support from the Council for lunch-time meals. If the proposal is agreed by committee, the Council will arrange this through the most appropriate means, with client contributions in line with the published fees and charges for Adult Social Care.

2. PURPOSE

This report describes the responses to Barnet’s consultation on the proposal to no longer provide a home meals service from April 2016, once the current contract expires. The report demonstrates Barnet’s approach to consultation, engagement and the responses received.

It also sets out the findings from the face to face to face reviews which were undertaken to ascertain service users and carers (as appropriate) level of need, possible risks and impacts and their feedback on the proposal.

3. ACTIVITIES

3.1 Consultation

Public consultation commenced on 3 August 2015 and ended on 30 September 2015. The consultation and engagement activities were planned in advance and the table below sets out the approach to the consultation.

Key target audiences and areas for engagement	Methods of Communication to targeted audiences
<ul style="list-style-type: none"> • Barnet Residents, including: <ul style="list-style-type: none"> – Current social care users, funded by the council – Residents funding their own social care support – Carers – Potential users of social care services • Local community groups and organisations • Providers • Partnership Boards • Staff within Adults and Communities • Key stakeholders including partners and Councillors 	<ul style="list-style-type: none"> • Letter and factsheet to all current users about the changes, contact information and inviting people to comment on the proposal • Face-to-face reviews with all users to ascertain current level of need • On line survey (<i>details of consultation on ‘Engage Space’</i>) • Social media • Internet • Intranet • Emails distribution • Article for voluntary sector providers to publish in their newsletters • Word of mouth – front line staff

3.2 Engagement

The table below outlines the specific methods and means by which a range of different stakeholders within the London Borough of Barnet were consulted.

Stakeholders	Methods	Date (w/c)
Barnet residents	Letter and factsheet to all current users about the changes, contact information and inviting people to comment on the proposal	03/08/15
	Face-to-face reviews with all users and their carers/family/next of kin to ascertain current level of need	06/08/15 – 09/10/15
	Home Meals' webpage on LBB's website updated with details of consultation	03/08/15
	On line survey (details of consultation on 'Engage Space'- including offer for paper copy on request)	10/08/15
	Article for voluntary sector providers to publish in their newsletters for customers	03/08/15
Partnership Boards: <ul style="list-style-type: none"> - Learning Disability - Mental Health - Older Adults - Physical / Sensory impairment - Carers 	Article in partnership board newsletter with details of the proposal and consultation circulated via email	August 1015
Voluntary sector providers, lead providers and Community Barnet	Email with details of the proposal and consultation	03/08/15
A&C staff	Email with details of the proposal and consultation	03/08/15

4. RESPONSE

3.1. Methods of receiving responses and response rates

Responses to the consultation were received in three different ways:

4.1.1 Barnet Engage

Two questions formed the survey, as follows:

1. Do you have any comments about our proposals?
2. Do you have any suggestions on how else we can support people to get a meal in Barnet?

Additionally a range of questions relating to equalities and diversity were also asked, and questions about the role in which the users were responding e.g. carers.

23 people responded on-line through Barnet Engage, of which:

- 15 people were Barnet residents
- 1 represented a voluntary sector / community organisation
- 1 represented a public sector organisation
- 4 categorised as 'other' (representatives for carers and people with disabilities and relatives of service users)

4.1.2 Letters / emails / phone calls

People who contacted the Council to give feedback through this method gave general feedback.

34 responses were received, of which:

- 14 people were current service users
- 15 people were a carer / family / friend / next of kin / guardian
- 4 people represented a care provider, including a Sodexo staff member
- 1 person was a member of the public

4.1.3 Face to face reviews

As at 9 October 2015 153 home meals service users (out of 157) had a face to face review to ascertain their level of need. Through these reviews service users and their carers / family members have had the opportunity to provide feedback on the proposal.

3.2. Responses

This section sets out a summary of the responses received through the three methods of consultation describe above.

3.3. Feedback through Barnet Engage

As stated in 3.1.1 of this report questions were asked through the survey.

The feedback has been summarised into themes which were highlighted through the responses.

3.3.1 Feedback: Comments about the proposals

Q1. Do you have any comments about our proposals?	Barnet Engage customers (23)	
	%	Number
Concern for vulnerable people for example people who: <ul style="list-style-type: none"> • Have dementia / memory related conditions • Have health related issues including mental health • Are housebound • Frail and elderly and people at risk of falls • Are unable to cook for themselves <i>NB: this list is not exhaustive</i>	57%	13
Increase in costs of other service including home care and health services	17%	4
Loss of social contact	13%	3
Concern about financial implications e.g. paying more for meals	13%	3
Reduce staffing costs within the Council	9%	2
Supports people to stay at home	4%	1
Other comments	22%	5

Some feedback comments

“As a Borough I believe we have a duty of care to the elderly people who are at present receiving this service and it should be continued”.

“The elderly and disabled are quite often only able to stay in their own homes because they get this service”.

If they have to move into residential care and are not self-funders then the Council will end up paying more than providing the meals service, plus the disruption and distress and reduction in independence will be devastating for the person”.

“Make the service cost effective by targeting the service where it is most needed”.

“I am greatly concerned that people will suffer. The factsheet does not state how people who are physically unable to cook or to leave their homes to go out to shop or to eat can be guaranteed adequate healthy meals. If they contract with a private catering service, how can delivery of proper meals at a set, affordable price be guaranteed? The only thing proposed here is stopping the home meals delivery; there is no proposal for meals provision”.

“the Hot Meals service is much more than the delivery of a meal drivers carry out safe and well checks and on many occasions call the emergency services when require .In my opinion it is a key service that helps keep people in their own homes and enables those in hospital to return to their home .thus helping to reduce bed blocking in our hospitals.

“It worries me that for some people this is their only chance to get a hot meal and some social contact.”

“Whilst the Council have advised that there is not a statutory duty to provide a home meals service it has a social responsibility to support vulnerable adults living independently in their own homes.

Removing the service is very short sighted and will cost society more as it will result in:

- More frequent visits to Doctors surgeries*
- More frequent admissions to hospital*
- Longer stays in hospital due to lack of support in their homes*
- Increase in the level of loneliness and isolation*
- Increased number of people falling and left undiscovered which can result in deaths*
- More admissions to care homes - which the Council will end up funding “.*

3.3.2 Feedback: Suggestions about how else we can support people to get a meal in Barnet

Q2. Do you have any suggestions on how else we can support people to get a meal in Barnet?	Barnet Engage respondents (23)	
	%	Number
Continue to provide home meals service	26%	6
Encourage and promote other initiatives, community and voluntary services	17%	4
Vital service for elderly and vulnerable people	13%	3
Voluntary sector organisations to provide service	8%	2
Cut staff salaries	8%	2
Cannot offer a solution	8%	2
Other comments	25%	6

Some feedback comments

“We should continue to deliver a meal to those vulnerable people who cannot provide for themselves or have anyone to prepare a meal for them.”

“Let voluntary organisations such as BEAG [Barnet Elderly Asians Group] provide the service on behalf of the present service negotiate with voluntary organisation to agree a service delivery. At present we are feeding in excess of 70 residents once a week”.

“Meals on Wheels seem the best option. Why is it necessary to replace a service that works well? This cannot be in the interest of service users”.

“Maintain the existing service for those who are truly dependent on it. Set up a network of people who can shop for and cook meals for those who cannot do it for themselves or their families, though that would probably cost more than the current service”.

“I have read the fact sheet. I do not have any suggestions as to how LB of Barnet can support those who are critically in need, but I am convinced that if the HOT MEAL delivery is stopped, many elderly people will be put in harm”.

“There are options around a frozen meal service but in my view a hot delivered meal with safe and well checks and daily contact is a must for some of our elderly and vulnerable service users”.

“I recently read about the www.casseroleclub.com is there some sort of collaboration or partnership to be had with the people that volunteer within the Barnet community to maybe cook more and then be reimbursed/paid for their time”.

3.3.4 Feedback: Equalities and Diversity

A range of questions relating to equalities and diversity were asked through the on-line survey. However less than 50% of respondents completed this section which prohibits an accurate view to be taken in relation to the impact on specific groups. As the response rate was low the information has not been included in this report.

3.4. Feedback through letters / emails / phone calls

As described in section 3.1.2 people who contacted the Council to give feedback through this method gave general feedback.

The feedback has been summarised into key themes which were highlighted through the responses.

There were a total of 34 respondents.

There was also one response from the Labour Group; this response has been highlighted separately in 3.4.1 below.

Themes for feedback	Respondents (34)	
	%	Number
<ul style="list-style-type: none"> Concern for vulnerable people, for example people who: Have dementia / memory related conditions Have health related issues including mental health Are housebound Frail elderly and people at risk of falls Are unable to cook for them selves <p><i>NB: this list is not exhaustive</i></p>	41%	14
Individuals have no other way / would find it difficult to source/obtain a meal	38%	13
Individuals have no other care and support services other than the home meals service	15%	5
Not happy with proposal / against proposal	15%	5
Individuals expressed anxiety about what the proposal means for them	12%	4
Might / will continue meals with Sodexo and pay the extra money	12%	4
Happy with current service and do not want to lose it	9%	3
Concern about losing the monitoring / safeguarding element of the home meals service, including additional support from drivers	9%	3

Concern about where to obtain specialist meals	6%	2
Concern about loss of social contact	6%	2
Alternative arrangements can be made	3%	1
Availability of services in the community through the voluntary sector	3%	1
Increase in costs of other service including home care and health services	3%	1
Other comments	21%	7

Some feedback comments

“Individual can’t cook a meal on her own. Although she does go out shopping she would find it difficult to source and cook her own meals. At the moment she gets personal care 3 times a week from a private company to help and clean. She has relatives but they have their own lives. She would be prepared to pay extra in order to keep having hot meals delivered”.

“Wants to start ordering the meals and paying for them herself”.

“Mr X has a cold breakfast and sandwiches for the evening meal made by a care worker. The care workers are not there long enough to make a hot meal”.

“Ms Y gets vegetarian and kosher meals currently. She gets them at lunchtime. She says she can’t go out shopping. She does have care workers who ask her if she needs anything but no relatives who live close by”.

“Individual says she has no other way of getting meals. She can’t go out, lives alone and does not have any friends or relatives who can help her cook a meal. She has one meal at lunchtime from Sodexo, makes her breakfast herself and has leftovers for her evening meal.”

“She says she is very happy with the meals she currently has. She is anxious about going out after having a fall.”

“Individual worried about the meals being stopped as she has no other support services in place and is concerned that she will not be able to access food.”

“...daughter phoned to say that her mother was in receipt of pureed kosher meals. They found the service to be excellent and that the company were really helpful to deal with and they would be upset if the service ended. They were also concerned about where else they may be able to source this specialist food”.

“My mother is not independent enough to cook for herself everyday - you cannot give her back the independence she has lost. She enjoys the routine and stability and the food provided - 'more choice' and change is confusing for people with dementia.”

“Mr X will be 89 in September, he has daily evening visits from his Carers, uses meals-at-home service 365 days per year every lunchtime and this is the only hot meal he get each day and he enjoys the meals Sodexo provide.”

“The cost will be huge if this service is stopped:

- *The time needed to prepare a meal by a carer is much higher than the cost.”*

3.4.1 Response from the Labour Group

The consultation response received in full

The Council has an obligation under the Care Act 2014 to ensure that needs for eligible adults, including physical and emotional needs, are met. It also has an interest, through the early intervention and prevention agenda, in more broadly supporting older people to remain in their own homes, as well as to live independently, with dignity and with autonomy.

In practice the statutory obligations on councils - especially for profoundly disabled and vulnerable adults who remain in their own homes - will mean that the council must ensure arrangements are in place so that eligible adults are properly fed, their nutrition needs are met, and that they have support to either cook their own meals in their own home, or to be directly provided with cooked meals.

Our Position

We believe that the Council must take effective steps to ensure that these statutory obligations are met. It is not clear to us at present how that will take place given that, upon reading the consultation, the Council have also ruled out the following alternatives that may enable them to fully meet and to comply with their obligations instead of the home meals service. These include:

- Providing people with a Direct Payment to meet their nutritional needs
- Requiring home care providers supporting people to prepare their own meals
- Funding or developing alternative community based services.
- Advising on and signposting to alternative community based services

It is extraordinary that the Council will not even consider resourcing advice and signposting to alternative community based services, which would be a relatively low cost measure and well within the Council's existing resources and position as a community leader and co-ordinator.

We refer to page 2 of the consultation fact-sheet, and quote directly:-

After careful consideration Barnet Council has decided that none of the options above are feasible due to a number of reasons including financial pressures the Council is faced with in the time of austerity. We have also identified from above that the traditional home meals service is a less popular choice for people at a time where a wide range of alternative options are available in the community.'

We also do not believe it is factually accurate to say that none of the options listed above are feasible, as a wide range of similar local authorities in size and demographic have adopted different approaches that enable them to both ensure value for money as well as continue to provide a meals at home service. Brent Council has recently adopted a community based meals on wheels model; whilst Southwark, Lewisham and Lambeth continue to provide meals on wheels as a service at reduced cost to those who are eligible through a shared service. We would like to see more information on the reasoning behind this statement, and have requested this additional information accordingly within the report for the November Adults & Safeguarding Committee meeting.

We note that the text for the consultation states that 'in exceptional circumstances, Barnet Council will consider support for meals, for example, where service users do not have the means to source or cook a meal.'

The fact-sheet says that 'our social care team will work with individuals to find innovative and creative solutions to meeting their nutritional needs.:' referring to lunch clubs and catering companies. This is a statement that is especially vague and non-committal, particularly in the light of the statement earlier on in the fact-sheet that a number of options for support have already been ruled out.

Far greater clarity on what is being considered and proposed should have been provided within this consultation - in particular, in relation to the statutory duties identified that the Council still has to adults.

Points in relation to issues raised by the Labour Group

- In relation to providing people with a direct payment and using home care services to support people with meals, this already happens for people who have eligible social care needs in relation to nutrition. Where people are assessed as having an eligible social care need, this type of support will be considered if appropriate. The Council recognises that it has duty to meet assessed eligible needs and has a duty to safeguard vulnerable adults.
- The proposal is to no longer provide a home meals service once the current contract ends on 31 March 2016.
- However we are proposing that all customers will be signposted to alternative options within the community, for example lunch clubs and other catering companies. We have already started this process by collecting information about a range of alternatives available and this information has been published on the Council's website. New and potential users will be offered advice and signposting.
- Through the face to face reviews current service users and their carers/next of kin are also being made aware of the number of specific options available to them.

- The report which will be presented to the Adults and Safeguarding Committee In November will set out the range of options that were considered as part of the proposal and why those options were ruled out. It will also set out statutory duties of local authorities in relation to meeting nutritional needs.
- The social care team have been working, and will continue to work closely with current service users and their carers / next of kin as appropriate, through the face to face reviews, to ascertain current level of need and identify alternative options that may be suitable in the future, should the proposal to not renew the contract be agreed by Committee.

3.5. Summary - face to face reviews

Face to face reviews were undertaken by social workers/reviewers from the Adults and Communities Delivery Unit, between August 2015 and October 2015, to ascertain the level of need of current service users of the home meals service and their carers; and also to identify if there are alternative options for lunch time meals that would be suitable in the future, if Committee agree the proposal.

In October 2015, at the time of the reviews, 157 people were using the home meals service.

As at 9 October 2015 153 (out of 157) reviews had been completed, and 4 were awaiting a review.

Since 97% of 157 reviews have been completed, it can be assumed that the detailed findings presented later in the report provide a strong view of the overall impact on the current service users.

3.5.1 Face to face reviews – summary of key findings

The below summary findings are based on the 153 reviews that have been completed.

Question	Responses		
Meal types	<i>Note: percentages have been rounded up.</i>		
	Meal type	% of service users	Number of service users
	Standard	61%	94
	Kosher	27%	41
	Asian meals	3%	5
	Other	8%	12
	No response	4%	6
Service users' ability to be mobile i.e.. can they access facilities in the community		% of service users	Number of service

		users
Are mobile	15%	23
Are mobile with support	38%	59
Not mobile	40%	61
No response	7%	10
Total	100%	153

The most common reasons given for not being able to be mobile, or the type of support required, are:

	% of service users	Number of service users
Poor mobility / frail	26%	31
Can get out / requires support to get out from carer/ care worker / family / friend	22%	27
Has walking aid	19%	23
Dementia / forgetfulness / Alzheimer's	12%	15

Note: This table is not exhaustive; respondents provided more than one response.

	% of service users	Number of people
Support / care worker	44%	68
Help from friends / family	16%	25
Independently	8%	12

How service users meet their nutritional needs for breakfast, lunch, dinner and other snacks

The most common responses for support for breakfast, dinner and other snacks was:

Breakfast:

	% of service users	Number of people
Support / care worker	44%	68
Help from friends / family	16%	25
Independently	8%	12

¹ Adds up to more than 100% as respondents provided more than one comment and percentages are calculated on the number of respondents.

	<p>Lunch</p> <ul style="list-style-type: none"> For lunch service users receive this from Sodexo and only a very few service users have their lunch served by their carer / care worker <p>Dinner:</p> <table border="1" data-bbox="791 595 1410 871"> <thead> <tr> <th></th> <th>% of service users</th> <th>Number of people</th> </tr> </thead> <tbody> <tr> <td>Support / care worker</td> <td>39%</td> <td>60</td> </tr> <tr> <td>Help from friends / family</td> <td>18%</td> <td>28</td> </tr> <tr> <td>Independently</td> <td>7%</td> <td>10</td> </tr> </tbody> </table> <p><i>Note: tables above are not exhaustive; respondents provided more than one response.</i></p>		% of service users	Number of people	Support / care worker	39%	60	Help from friends / family	18%	28	Independently	7%	10												
	% of service users	Number of people																							
Support / care worker	39%	60																							
Help from friends / family	18%	28																							
Independently	7%	10																							
<p>Day to day support service users have to help with preparation of a meal</p>	<p>The top 4 responses included:</p> <table border="1" data-bbox="791 1126 1410 1749"> <thead> <tr> <th></th> <th>% of service users</th> <th>Number of people</th> </tr> </thead> <tbody> <tr> <td>Carer</td> <td>37%</td> <td>56</td> </tr> <tr> <td>Family</td> <td>19%</td> <td>29</td> </tr> <tr> <td>Friends</td> <td>5%</td> <td>7</td> </tr> <tr> <td>Other – care worker / care agency</td> <td>4%</td> <td>6</td> </tr> <tr> <td>None</td> <td>18%</td> <td>27</td> </tr> <tr> <td>Other</td> <td>3%</td> <td>4</td> </tr> <tr> <td>Total</td> <td>86%²</td> <td>129</td> </tr> </tbody> </table> <p><i>Note: percentages have been rounded up.</i></p>		% of service users	Number of people	Carer	37%	56	Family	19%	29	Friends	5%	7	Other – care worker / care agency	4%	6	None	18%	27	Other	3%	4	Total	86% ²	129
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None	18%	27																							
Other	3%	4																							
Total	86% ²	129																							

² This figure is below 100% because not all respondents responded to the question

Other support services service users have in place (*in addition to home meals service*)

Support	% of people	Number of people
Homecare agency, Council funded	50%	77
Direct payment	3%	5
Homecare agency and direct payment	1%	2
Day care / care worker	6%	9
Self-funder	1%	1
Voluntary sector	1%	1
Other	1%	2
Warden (sheltered housing)	1%	1
Family	1%	1
None	3%	4
Private carer arrangements	8%	12
Day care / care worker	6%	9
None	3%	4
No response	23%	37
	108% ³	165

Note: percentages have been rounded up.

³ Adds up to more than 100% as respondents provided more than one comment and percentages are calculated on the number of respondents responding to the questionnaire.

How service users pay for their meals	The top 4 responses included:		
		% of people	Number of people
	Pension	36%	55
	Income / savings	30%	46
	Welfare benefits and pension	7%	11
	Welfare benefits	6%/	10
	Relative pays	3%	4
	Pension and relative pays	3%	4
	Not funded by LBB	3%	4
	A combination of sources	6%	10
	No response	6%	9
	Total	100%	153
	<i>Note: percentages have been rounded up.</i>		

Key findings:

- There were concerns about the financial impact on service users if there were no alternative options available and the pressure on some service users to meet the full costs of a lunchtime meal. These were views expressed by the service users and are not based on a financial assessment (which was not carried out at the point of review). During the reviews service users / carers were provided with information about a range of meals options and associated costs that are available in Barnet.
- People expressed that the impact of not having a meals service (or access to a meals service) would be high for a number of service users and their carers. During the face to face reviews service users and their carers were provided with information about available alternative options.
- Suitable alternative options were identified for the majority of service users if Committee agrees to the proposal and following expiry of the current contract. The majority of users agreed to take up the alternative options

The alternative options selected by service users include:

- Purchasing meals directly from Sodexo through private arrangements

- Frozen meals / ready meals / supermarket / Wiltshire Farm Foods / Cook / Oak House / other providers
 - Support from family / care worker / employ a carer
 - Voluntary sector / community services / lunch clubs
- The reviewers identified that a small number of service users will continue to need support from the Council for lunch-time meals; the Council will arrange this through the most appropriate means, with client contributions in line with the published fees and charges for Adult Social Care.

APPENDIX B: Home Meals Equalities Impact Assessment

Commissioning Group

Equality Impact Assessment

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
<i>Title of what is being assessed:</i> Proposal to de-commission home meals service in Barnet	
<i>Is it a new or revised function, policy, procedure or service?</i> Revised	
<i>Department and Section:</i> Joint Commissioning Unit, Commissioning Group	
<i>Date assessment completed:</i> October 2015	
2. Names and roles of officers completing this assessment:	
Lead officer	Amisha Lall / Rodney D'Costa
Stakeholder groups	
Representative from internal stakeholders	
Representative from external stakeholders	
AC Equalities Network rep	
Performance Management rep	
HR rep (for employment related issues)	

3. Full description of function, policy, procedure or service:

SUMMARY

There are 157 people receiving a home meals service of which:

- 57% are older people aged 85 and over and this group will be negatively impacted.
- 50% (79 people out of 157 people) are classified as people with 'physical disability – frailty' and this group are likely to be negatively impacted.
- In relation to Ethnicity 79% of 157 service users are white (including white British and Irish). There are few service users (13%) of BME backgrounds. However any changes or withdrawal of service will have an impact on customers from minority ethnic backgrounds.
- Jewish people who receive the home meals service are over represented compared to Barnet's overall Jewish population which accounts for 18% of the population. Therefore there will be a negative impact on this group.
- 68% of service users are female; while the majority of recipients are female, there will be no disproportionate on them. People will not be affected any differently from other groups by virtue of their gender / sex.
- Carers of those receiving the service will be impacted by the proposed change. It may result in an increase in their responsibility for their cared for.
- A public consultation was held between August 2015 and September 2015 and also service users (153 out of 157) have had face to face reviews to ascertain their level of need and identify if there are alternative options for home meals available for service users, if the proposal to not have the service is agreed. Details of the findings can be found in part 16 of this report.
- The public consultation and feedback from the reviews suggest that people are not in favour of the proposal. Furthermore the EIA has demonstrated that if the proposal to not have a home meals service in the future is agreed, it will have a negative impact for some, mitigated by support from the Council to help customers find suitable alternatives. Where there is an assessed need the Council will continue to fulfil its duty under the Care Act 2014.

Background

Home meals (sometimes also referred to as “meals-on-wheels”) are provided to eligible service users by Sodexo on behalf of Adults and Communities Delivery Unit. The current contract with Sodexo commenced 1 April 2011 and, following a one-year extension, expires 31 March 2016. This presents the Council with an opportunity to review its current service provision in the context of promoting choice, independence and value for money.

The current home meals provision comprises a home-delivered hot meal to service users across the borough, 7-days a week between 12pm and 2pm. An estimated 50,000 meals are delivered annually (based on 2014-15 data). The range of meals includes standard / vegetarian option, Asian vegetarian / halal, kosher and gluten-free.

The contract also includes a monitoring service i.e. in the event that the service user does not respond to a door call and the delivery driver is unable to contact the individual or their family (depending on what details they have on record), the driver contacts the Council to inform them of a ‘no response’. This triggers the next process for the Council to investigate.

There are 157* people currently in receipt of home meals. The approximate contract spend in 2014/15 was £465,077 gross and £274,466 net (of client contributions) not including overhead costs relating to invoicing and other accounts receivable tasks. The Council charges service users a flat rate £4.15 per meal on a monthly basis. It is important to note that there has been a long term decrease amongst Barnet service users for the current meals service (this is mirrored in other local authorities generally). This is due to a number of reasons e.g. quality of meals (suggested by anecdotal information) and the availability of other more appropriate services.

**As at August 2015 there were 215 people identified as receiving the home meals service. The reduction from 215 people to the current 157 people is due to a recent reconciliation of service users care package details resulting in the records held on the Swift client database being refreshed.*

Although the Council has provided a home meals service over the years, local authorities do not have a statutory duty to provide meals. Councils do have a statutory duty to meet assessed eligible needs and have a duty to safeguard vulnerable adults. This is particularly important at this time where the Council is faced with making substantial savings whilst continuing to fulfil its duty to meet the needs of its residents

Needs analysis

Prior to any recommendations being made about the future of the home meals service the Council undertook a needs analysis of those receiving the home meals service.

The analysis identified that there has been a 52% reduction in service users in receipt of Home Meals, from 326 at the end of 2010/11 to 157 service users in October this year. In addition, we have seen a 15% reduction in the number of meals delivered from 56,802 meals being delivered in 2013-2014 to approximately 48,267 meals being delivered in 2014-2015.

Research also suggested that other local authorities are increasingly moving towards providing alternative and innovative solutions to providing people with access to home meals other than the traditional Home Meals Service. , including signposting residents and providing information and advice.

Options considered

As part of this review, Barnet Council has considered a number of options including:

- Option 1 – Continue the service as is and run an OJEU tender to appoint a supplier for community meals
- Option 2 – Stop new enrolments in the service, identify a list of suppliers and publish their details on the Council's website to sign post new residents.
- Option 3 – Home and Community and Enablement care workers to enable individuals to prepare meals.
- Option 4 – Catering team (run by Children's Services on a trading account basis) to prepare the meals and deliver directly or via the transport team.
- Option 5 – Voluntary and community groups prepare and deliver the meals

After careful consideration Barnet Council decided that none of the options above are feasible due to a number of reasons including financial pressures the Council is faced within this time of austerity. We also identified that the traditional home meals service is a less popular choice for people at a time where a wide range of alternative options are available in the community.

Our proposal

We are proposing to no longer provide a home meals delivery service in Barnet. If agreed by Adults and Safeguarding Committee, we would support customers to identify and arrange for alternative options within the community, for example lunch clubs or other catering companies. Our social care team will work with individuals to find innovative and creative solutions to meeting their nutritional needs. This is because increasing numbers of our customers are already choosing alternatives and we want to empower people to make choices that suit them, to stay independent and make the most of appropriate services available in the community.

In exceptional circumstances, Barnet Council will consider support for meals, for example, where service users do not have the means to source or cook a meal.

Alternative options for meals available in the community

There are a range of alternative options available in the community for people to purchase their meals. Should the proposal be agreed, in the future the Council will sign post people to a range of alternative options.

For current service users this means:

- providing information about local cafes and meals services that will provide meal delivery services
- providing information about lunch clubs that individuals could access.
- providing information about companies that will deliver hot or frozen ready meals.
- a full review of individual needs by a social worker.

What will happen if the proposal is agreed?

If the proposal to no longer provide a home meals service in Barnet is agreed by the Adults and Safeguarding Committee in November 2015:

- The Council will not procure a home meals service in the future and there will be no subsidy given to service users for purchasing their own meals
- The current contract with Sodexo will come to a natural end on 31/03/16 and the appropriate exit strategy protocols will be followed
- Service users will be signposted to alternative options in the community, where appropriate

- In exceptional circumstances, Barnet Council will consider support for meals, for example, where service users do not have the means to source or cook a meal. The Council will be able to spot purchase from other companies.

Key activities completed:

- 153 service users (out of 157) have had a face to face review between August 2015 and October 2015 to ascertain their level of need and identify other options that may be suitable for them, if the meals service is not provided by LBB.
- Public consultation launched on 3 August 2015 and ended on 30 September 2015
- New referrals to the service have been put on hold since the launch of the consultation; although referrals have been and will continue to be considered under exceptional circumstances for the remaining duration of contract. Whilst there is a hold, all current service users continue to receive their meals service.

Next steps:

- Report to the Adults and Safeguarding Committee in November to make a decision

4. How are the equality strands affected? Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?																		
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Negative impact</p> <p>The majority of the current meals service users are older people aged 65 plus. A breakdown of service users by age is as follows:</p> <p>Table 1: Age range of meals service users</p> <table border="1" data-bbox="643 846 1023 1682"> <thead> <tr> <th>Age</th> <th>No. of people (out of 157)</th> <th>% of people</th> </tr> </thead> <tbody> <tr> <td>Over age 85</td> <td>90</td> <td>57%</td> </tr> <tr> <td>75 - 84 years old</td> <td>43</td> <td>28%</td> </tr> <tr> <td>65 – 74 years old</td> <td>11</td> <td>7%</td> </tr> <tr> <td>21 to 64 years old</td> <td>13</td> <td>8%</td> </tr> <tr> <td>Total</td> <td>157</td> <td>100%</td> </tr> </tbody> </table> <p>A decision to cease the meals service may also have an adverse impact on carers. .</p>	Age	No. of people (out of 157)	% of people	Over age 85	90	57%	75 - 84 years old	43	28%	65 – 74 years old	11	7%	21 to 64 years old	13	8%	Total	157	100%	<p>153 service users (out of 157) have had a face to face review to ascertain their level of need.</p> <p>Those people who have been assessed as having the potential to be signposted to other provision will be supported appropriately (pending decision from Committee). The Council will consider supporting people under exceptional circumstances.</p> <p>Any issues and concerns have been discussed with service users (and their nominated representative if appropriate) and the Council will closely support service users with their transition to other services (if appropriate).</p> <p>A clear and transparent communications plan will be put in place to support this work pending Committee’s decision.</p>
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21 to 64 years old	13	8%																			
Total	157	100%																			

<p>2. Disability</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Negative impact</p> <p>The majority of the current meals service users are older people and people with various health conditions and frailty:</p> <ul style="list-style-type: none"> - 50% (79 people out of 157 people) are classified as people with ‘physical disability – frailty’ - 18% (28 people out of 157) are classified as people with mental health - 17% (26 people out of 157) are classified as people with physical support – personal care. <p>A decision to cease the meals service will have an impact on older adults with frailty and it may also have an adverse impact on carers</p>	<p>153 service users (out of 157) have had a face to face review to ascertain their level of need.</p> <p>Those people who have been assessed as having the potential to be signposted to other provision will be supported appropriately (pending decision from Committee). The Council will consider supporting people under exceptional circumstances.</p> <p>Any issues and concerns have been discussed with service users (and their nominated representative if appropriate) and the Council will closely support service users with their transition to other services (if appropriate).</p> <p>A clear and transparent communications plan will be put in place to support this work pending Committee’s decision.</p> <p>Individuals will be given information on choice of providers in formats they can understand.</p>
<p>3. Gender reassignment</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>No impact</p> <p>This client group will not be affected any differently from other groups by virtue of their gender re-assignment</p>	<p>N/A</p>
<p>4. Pregnancy and maternity</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>No impact</p> <p>This client group will not be affected any differently from other groups</p>	<p>N/A</p>

<p>5. Race / Ethnicity</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Negative impact</p> <p>The information about current service users of the home meals service suggests that there are very few users from minority ethnic backgrounds. Mostly the white population are affected. However any changes or withdrawal of service will have an impact on customers from minority ethnic backgrounds</p> <p>A breakdown of people as per their ethnicity is as follows:</p> <p>Table 2: Ethnic groups of meals service users</p> <table border="1" data-bbox="646 795 1077 1792"> <thead> <tr> <th>Ethnic group</th> <th>No. of people (out of 157)</th> <th>% of people</th> </tr> </thead> <tbody> <tr> <td>White (including White: British, Irish and other):</td> <td>123</td> <td>79%</td> </tr> <tr> <td>Asian (including British Asian:, Bangladeshi, Indian and other)</td> <td>14</td> <td>9%</td> </tr> <tr> <td>Black (including Black British: African, Caribbean and other):</td> <td>7</td> <td>4%</td> </tr> <tr> <td>Other ethnic group</td> <td>5</td> <td>3%</td> </tr> <tr> <td>Mixed other</td> <td>1</td> <td>1%</td> </tr> <tr> <td>No stated / recommended / refused</td> <td>7</td> <td>4%</td> </tr> <tr> <td>Total</td> <td>157</td> <td>100%</td> </tr> </tbody> </table>	Ethnic group	No. of people (out of 157)	% of people	White (including White: British, Irish and other):	123	79%	Asian (including British Asian:, Bangladeshi, Indian and other)	14	9%	Black (including Black British: African, Caribbean and other):	7	4%	Other ethnic group	5	3%	Mixed other	1	1%	No stated / recommended / refused	7	4%	Total	157	100%	<p>153 service users (out of 157) have had a face to face review to ascertain their level of need and issues relating to their ethnicity have been identified with the service user.</p> <p>Those people who have been assessed as having the potential to be signposted to other provision will be supported appropriately (pending decision from Committee).</p> <p>The Council will consider supporting people under exceptional circumstances.</p> <p>Any issues and concerns have been discussed with service users (and their nominated representative if appropriate) and the Council will closely support service users with their transition to other services (if appropriate).</p> <p>A clear and transparent communications plan will be put in place to support this work pending Committee's decision.</p>
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Total	100%																				
6. Religion or belief	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Negative impact</p> <p>People who are receiving culturally specific meals because of their religion or belief will be negatively impacted by the proposal.</p> <p>It has been identified that there will be a significant impact on the Jewish population. Table 3 above has identified that Jewish people who receive the home meals service are over represented compared to Barnet's overall Jewish population which accounts for 15% of the population and 18% of adult social care service users. Therefore there will be a negative impact on this group.</p>	The Council will ensure that the information they provide on providers of meals includes those providers who offer cultural specific meals and providers that can meet the dietary requirements of different community groups and other specialist meals such as vegetarian																		
7. Gender / sex	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>No impact</p> <p>68% of service users receiving the home meals service are female.</p> <p>Table 4: Breakdown of gender of meals service users</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>No. of people (out of</th> <th>% of people</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Gender	No. of people (out of	% of people				N/A												
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		<table border="1"> <tr> <td></td> <td>157)</td> <td></td> </tr> <tr> <td>Female</td> <td>68%</td> <td>104</td> </tr> <tr> <td>Male</td> <td>31%</td> <td>48</td> </tr> <tr> <td>No response</td> <td>1%</td> <td>1</td> </tr> </table> <p>While the majority of recipients are female, there will be no disproportionate on them. People will not be affected any differently from other groups by virtue of their gender / sex</p>		157)		Female	68%	104	Male	31%	48	No response	1%	1	
	157)														
Female	68%	104													
Male	31%	48													
No response	1%	1													
8. Sexual orientation	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>No impact</p> <p>While data is not available on service users' sexual orientation, it is not expected that this client group will be affected any differently from other groups by virtue of their sexual orientation.</p>	N/A												
9. Marital Status	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>No impact</p> <p>This client group will not be affected any differently from other groups by virtue of their marital status</p>	N/A												

<p>10. Carers (discriminated by association)</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Negative impact</p> <p>Carers of those receiving the service will be impacted by the proposed change. It may result in an increase in their responsibility for their cared for.</p>	<p>153 service users (out of 157) have had a face to face review to ascertain their level of need.</p> <p>Those people who have been assessed as having the potential to be signposted to other provision will be supported appropriately (pending decision from Committee). The Council will consider supporting people under exceptional circumstances.</p> <p>Any issues and concerns have been discussed with service users (and their nominated representative if appropriate) and the Council will closely support service users with their transition to other services (if appropriate).</p> <p>The outcome of the reviews has been captured through a questionnaire, details of which are available in the Consultation Report</p> <p>A clear and transparent communications plan will be put in place to support this work pending Committee's decision.</p> <p>Identified carers will be supported through a carer's assessment. They will be signposted to carers support services as appropriate.</p>
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5. What are the number, types and severity of disabilities in play in this case?

As at October 2015 there were 157 service users receiving the home meals service, of which:

- 50% (79 people out of 157 people) are classified as people with 'physical disability – frailty'
- 18% (28 people out of 157) are classified as people with mental health
- 17% (26 people out of 157) are classified as people with physical support – personal care

The people that are most likely to be impacted by the proposal are frail and elderly people.

6. What are the actions that could reduce the impact on people with disability?

- 153 service users (out of 157) have had a face to face review to ascertain their level of need and identify other options that may be suitable for them, if the meals service is not provided by LBB; any issues relating to their disability has been identified with the service user and their nominated representative (where appropriate)
- Those people who have been assessed as having the potential to be signposted to other provision will be supported appropriately (pending decision from Committee). The Council will consider supporting people under exceptional circumstances.
- The Council will closely support service users with their transition to other services (if appropriate).
- The outcomes of the reviews have been captured through a questionnaire, details of which are available in the Consultation Report.
- A clear and transparent communications plan will be put in place to support this work pending Committee's decision.
- Identified carers will be supported through a carer's assessment. They will be signposted to carers support services as appropriate

7. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?

Satisfaction levels of service users of the current home meals service and their carers may be adversely impacted by the proposal.

Overall feedback through the consultation has not been in favour of the Council's proposal to not have a home meals service in the future, the analysis shows reasons for a recommendation to be made to the Adults and Safeguarding Committee in November, to not provide a home meals service in the future, and instead, signpost people to alternative options available in the community.

Refer to part 16 of this EIA for further details.

8. How does the proposal enhance Barnet's reputation as a good place to work and live?

There could be some external negativity about disinvestment in a home meals service.

It is envisaged that there will be no adverse impact on Barnet's reputation as a good place to work.

There is a small risk that Barnet may be seen as not a good place to live however it is likely this views will be from current meals recipients and potentially their carers, representing a small number in comparison to Barnet's overall population.

Achieving efficiencies in the service may enhance the Councils reputation.

9. How will members of Barnet's diverse communities feel more confident about the council and the manner in which it conducts its business?

Achieving efficiencies in the service should enhance the Councils reputation and confidence in the Council.

All current service users have had a face to face review to ascertain current level of need and what is needed if the meals service is not provided by LBB; issues relating to service users' ethnicity will be identified with the service user and their nominated next of kin / carer if appropriate.

The Council will closely support service users with their transition to other services (if appropriate).

10. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 14)

Through:

- Face to face reviews with current service users and a questionnaire which reviewers have completed; the questionnaire captured information on the individual, their circumstance and the impact of the proposal on them and their carer (where appropriate)
- Public consultation 3rd Aug – 30th Sept. The online survey money asked questions about equalities and diversity (although there was a very limited response to these questions)
- If a decision is made to dis-invest, following closure of the service there will be no on-going monitoring, though the current customers will still have access to adults social services for any on-going needs

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

Table 4 below shows the ethnic origin of the home meals service users, compared to the ethnicity of all adult social care service users

The data demonstrates that overall the needs of the diverse population are not being met; this could be for a number of reasons, for example:

- the current service does not meet the needs of BME communities
- that BME communities are accessing meals to meet their meal needs in other ways e.g. community groups, cultural specific catering companies, support from friends / family. The proportion of people from BME backgrounds receiving the home meals service accounts for 13% of 157 people, compared to Barnet's overall BME population which is 38.7% of the total population and approximately 20% of the total service users accessing adult social care.

Table 4: Breakdown of meals service users by ethnicity compared to adult social care service users

Ethnic origin	Current home meals service users		Adult social care service users (as at 9 October 2015)	
	Number of people receiving the home meals service	% of people receiving the home meals service	Number of people	% of people
Any Other Ethnic Group	5	3%	283	6%
Arab	n/a	n/a	5	0.1%
Asian/Asian British Bangladeshi	n/a	n/a	20	0.4%
Asian/Asian British Indian	11	7%	377	8%
Asian/Asian British Other	3	2%	134	3%
Asian / Asian British Pakistani	n/a	n/a	57	1%
Black/Black British African	3	2%	184	4%
Black/Black British Caribbean	3	2%	124	2.5%
Black/Black British Other	1	0.5%	74	1%
Chinese	n/a	n/a	27	0.5%
Mixed Other	1	0.5%	32	0.7%
Mixed White & Asian	n/a	n/a	16	0.3%
Mixed White and Black African	n/a	n/a	11	0.2%
Mixed White and Black Caribbean	n/a	n/a	12	0.2%
White British	110	71%	2622	52%
White Irish	2	1%	151	3%
White Other	11	7%	766	15%
Not Recorded	3	2%	58	1%
Not Stated	2	1%	8	0.1%
Refused	2	1%	64	1%
Total	157	100%	5025	100%

It is not likely that the proposal would lead to resentment between different groups of people. Information around alternative options will be publically available through the Council's website; this will include a list of companies that provide ethnic/cultural specific meals.

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

Stakeholders from the Commissioning Group and Adults and Communities Delivery Unit have been involved in developing the proposal.

The consultation commenced on 3 August 2015 and closed on 30 September 2015. The findings from the consultation are set out in the Consultation Report. The feedback from the consultation will be considered in the Committee report for the Adults and Safeguarding Committee meeting in November.

Voluntary sector providers and all partnership board members were informed about the consultation.

A letter was sent to all current service users on 03/08/15 telling them about our proposal and inviting them to provide feedback.

153 service users (out of 157) have had a face to face review and all current service users have had the opportunity to provide feedback on the proposal.

Overall Assessment

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

14. Scale of Impact		
Positive impact: Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	Negative Impact or Impact Not Known Minimal <input checked="" type="checkbox"/> Significant <input type="checkbox"/> Impact not known	

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

16. Please give full explanation for how the overall assessment and outcome was decided
<p>While Barnet Council has provided a meals service for a number of years, local authorities do not have a statutory responsibility to provide a home meals service.</p> <p>Furthermore the number of service users of the home meals service has decreased over the last 5 years for a number of reasons, including the availability of other options.</p> <p>The EIA has demonstrated that if the proposal to not have a home meals service in the future is agreed, it will have a negative but minimal impact. The basis for this is:</p> <ul style="list-style-type: none"> - The proposal is for a service that provides a lunchtime meal – that is one meal out of 3 meals a day. While there is some information to suggest that for some people the home meals service is the only main meal for some service users whereas for others people are meeting their nutritional needs for breakfast, dinner and snacks in other ways.

¹ 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

- 153 out of 157 service users have had a face to face review to ascertain their level of need (and their carer's level of need where appropriate). Reviews for the remaining will also be completed.
- People will receive support in other ways such as sign posting to lunch clubs, supermarkets and other catering companies

The Council is faced with a number of financial challenges and this has led to the Council reviewing a number of services it provides, including the home meals service. The Adults and Safeguarding Committee commissioning plan 2015/16 – 2019/20 sets out the context for managing the key changes required by the Care Act and health and social care integration at a time of rising demand, increased expectations and shrinking resources. On the latter point, Adults and Safeguarding Committee has been required to identify £18.597m of savings (21% reduction on budget) through to 2020. If a decision is made by Committee to not continue the home meals service beyond the current contract length, there is a potential saving of £274,000 to the Council; though this amount may be reduced if a number of existing service users need on-going support at the current contract price. However the full cost of the service could be charged to the user.

It is acknowledged that if the proposal to not have a home meals service is agreed, this will lead to a closure of a service. At the same time, a new approach to supporting people will be adopted, and this includes providing people with information and advice about a range of options available to them that provide them with choice and control over what they eat, and support them to stay independent within the community. Alternative options include lunch clubs and other catering companies. We have already started this process by collecting information about a range of alternatives available and this information has been published on the Council's website. Further details about alternative options can be found in *Appendix A of this report*.

Through the face to face reviews current service users and their carers/nominated representative have also been made aware of the number of specific options available to them.

In the future, communication channels to provide people with information/advice and signposting to alternative options for meals will include:

- The home meals web page on the Council's website
- Barnet's Care and Support Directory
- Social Care Connect Directory
- The 'front door' to the Adults and Communities Delivery Unit
- Staff – word of mouth
- Information and advice providers e.g. Barnet CAB

Whilst the EIA has shown that frail elderly people are most at risk, it is important to note that the majority of current service users (97% of 157 people) have had a face to face review to ascertain their level of need and understand the impact of the proposal on them.

If Committee agrees to the proposal the Council will closely support service users with their transition to other services (if appropriate).

Outcome of the Consultation

The development of the Home Meals proposal involved extensive consultation with stakeholders commencing 3rd August to 30th September 2015 as set out in the Consultation Report. In addition it was recognised that each user of the Home Meals service would require a formal review of their needs and support plan. This was undertaken by professional staff in adult social care over the period August to October 2015. Of 157 service users, 153 were reviewed. The remaining users were not available for a formal review. The purpose of these reviews was to ascertain the level of need in relation to nutrition and to also identify customers' preferred alternative options to the current Home Meals service, should this proposal be agreed by Committee.

Overall feedback from the survey and other communications (excluding reviews) based on 23 responses to the on-line consultation via the Council's consultation e-portal, Barnet Engage and 35 other communications, detailed below, is against the proposal to discontinue the Home Meals service. The top four concerns were:

1. Concern for vulnerable people.
2. Individuals have no other way / would find it difficult to source or obtain a meal.
3. Individuals have no other care and support services other than the Home Meals service.
4. Not happy with / against the proposal.

23 people responded anonymously to the on line survey on Barnet Engage, of which:

- 17 people were Barnet residents
- 1 represented a voluntary sector / community organisation
- 1 represented a public sector organisation
- 4 categorised as 'other' (people who act as representatives for carers, & those with disabilities; and relatives of service users)

35 letters / e-mails / telephone calls were received, of which:

- 14 people categorised as current service users
- 15 people categorised as carer / family / friend / next of kin / guardian
- 4 people represented a provider / care home (this includes 1 Sodexo driver)
- 1 person was a member of the public
- 1 response was received from a political party

Reviews of users of Home Meals

Individual face to face reviews of 153 service users were undertaken. These reviews have highlighted a relatively low number (16) of clients with current needs requiring the traditional home meals service (in these cases Adults and Communities staff will make the necessary arrangements to ensure continuity of service and continued safeguarding of clients). At the same time the results suggest that there are alternative options and professional staff will follow up these cases and agree the outcomes with clients subject to this proposal being agreed. There is a sufficiently strong case for not continuing the Home Meals service beyond the term of the current Sodexo contract and instead signposting people to alternative options available in the community. In a minority of cases i.e. subject to The Act, the Council may need to provide an appropriate level of support.

17. Equality Improvement Plan

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

Equality Objective	Action	Target	Officer responsible	By when
Monitor the equalities data from the service reviews	Ensure that alternative meals options offered to customers includes a range of meal types and the mode is suitable for frail and elderly people, including access to those services specification includes statement of expectations	Review equality impact from the service user reviews once complete	Project Manager	October
Face to face reviews of current service users	All current service users to have a face to face review to ascertain their level of need, and of their carer/family		ACDU	October

1st Authorised signature (Lead Officer)	2nd Authorised Signature (Member of SMT) – Dawn Wakeling
Date:	Date:

APPENDICES

APPENDIX A

Food and meal options within Barnet

The following table provides information on food options available in the borough. This is not an exhaustive list but contains the main service providers, please contact the providers to confirm dates times and costs.

The following organisations provide meals out in the community

Name	Description	Address / Phone No.	Other info	Event details	Website / Email
The Good Neighbour Scheme for Mill Hill and Burnt Oak - Lunch Clubs	Provides neighbourly support to elderly and disabled people living in Mill Hill and Burnt Oak Two Lunch Clubs each week, for older people in the Mill Hill and Burnt Oak areas. 2 course hot meal, plus tea or coffee, is served in pleasant surroundings, with good company.	The Wilberforce Centre c/o St Paul's Parish Office The Ridgeway Mill Hill NW7 1QU Mill Hill - 020 8906 3340 Burnt Oak - 020 8959 1971	If you would like to attend the club, please contact the relevant Good Neighbour Scheme in advance, so a meal can be ordered. Transport may be available for those with mobility problems.	Day: Tuesdays Time: 12 noon - 1.30pm Location: Mill Hill Lunch Club, The Wilberforce Centre, St Paul's Church, The Ridgeway NW7 1QU Cost: £3.50 Day: Thursdays Time: 12 noon - 1.30pm Location: Burnt Oak Lunch Club, The Catholic Church of The Annunciation, Thirleby Road HA8 0HQ Cost: £3.50	thegoodneighbourschememhbo.com/ good.neighbours@yahoo.co.uk

				Day: Wednesdays Time: Lunchtime Location: Cottage Homes restaurant in Hammers Lane Cost: (reasonable restaurant prices) <i>Note* term-time only</i>	
Altogether Better - Edgware Silver Service scheme	Over 60s and a guest of any age dine for £5 each at participating restaurants on a Tuesday	Watling Avenue Edgware HA8 0UB 07909 998463	Restaurants that offer the scheme have a sticker in the window or contact Altogether Better for details of participating restaurants	Day: Tuesday Time: lunchtime Location: participating restaurants Cost: £5	www.a-best.org.uk/projects-and-groups.html us@betterburntoak.org.uk
Altogether Better – East Finchley Silver Service scheme	Over 60s and a guest of any age dine for £5 each at participating restaurants on a Tuesday	High Road East Finchley London N2 9AY 07909 998453	Restaurants that offer the scheme have a sticker in the window or contact Altogether Better for details of participating restaurants	Day: Tuesday Time: lunchtime Location: participating restaurants Cost: £5	http://www.efab.org.uk/projects-and-groups.html us@efab.org.uk
Muslim Ladies Lunch Club	East Finchley Neighbourhood Contact provides a lunch club on the first and third Wednesday of each	020 8444 1162	New members are welcome, transport may be provided.	Day: every first and third Wednesday of the month Time: 12pm - 2pm Location: Ann Owens Centre	www.ageuk.org.uk/barnet/neighbourhood-services

	<p>month, especially for Muslim Ladies. Home cooked Halal food is served at the Muslim Ladies' lunch club, which also gives the opportunity for Muslim women to meet for prayer and for conversation. The halal food is prepared by one of their cooks and is always wholesome and nutritious.</p>			<p>Oak Lane London N2 8LT Cost: £4.</p>	
<p>Age UK Barnet Lunch Club</p>	<p>Provides a wide range of activities, services and information about issues of interest to older people through its centres and in the community.</p> <p>Activities and services include: Health promotion, fitness and exercise classes Lunch clubs, social</p>	<p>Ann Owens Centre Oak Lane London N2 8LT 020 8432 1423 or 020 8150 0965</p>	<p>This lunch club provides a freshly prepared 2 course meal (vegetarian option available).</p>	<p>Day: Tuesdays and Thursdays Time: 12.30pm—1.30pm Location: Ann Owens Centre, Oak Lane London, N2 8LT Cost: £5.00</p>	<p>www.ageuk.org.uk/barnet christine.gilbert@ageukbarnet.org.uk</p>

	groups and other activities				
Friend in Need (FIN) Activity Centre	<p>FIN is a voluntary organisation providing a range of services for older people, disabled people and their carers living in New and East Barnet.</p> <p>A weekly timetable of activities including seated exercise to music, arts and crafts, bingo, digital inclusion, yoga, tai chi and a range of board games, quizzes, puzzles and other activities includes a cooked meal, and a chance to meet new people</p>	<p>East Barnet Baptist Church Crescent Road East Barnet EN4 8PS</p> <p>020 8449 8225</p>	<p>Lunch is served from 12.30-2pm but can be combined with various other activities at the centre to create a day opportunity.</p> <p>Activities £3.50-£4.00 per half day session £5 lunch £1.50 tea and cake (Thu pm and Sat am free arts and crafts)</p>	<p>Day: Mon, Tues, Wed, Thurs & Sat</p> <p>Time: 12.30 – 2pm</p> <p>Location: Friend in Need Community Centre, East Barnet Baptist Church Crescent Road EN4 8PS</p> <p>Cost: £5</p>	<p>www.ebarnetbaptist.org.uk/fincentre.htm</p> <p>fin@fin-eastbarnet.org.uk</p>
Chipping Barnet Day Centre for the Elderly	<p>A club for older people to enjoy a day out in a friendly, relaxed and cheerful environment. Coffee and tea are provided on arrival followed by lunch at</p>	<p>United Reformed Church Wood Street Barnet EN5 4BW</p>	<p>A prospective member or their family, friends, doctor or social worker can contact Brigid Horgan at the Day Centre on 07923031231.</p>	<p>Day: Monday and Friday</p> <p>Time: 9.30am-3.30pm</p> <p>Location: United Reformed Church Wood Street Barnet EN5 4BW</p>	<p>www.chippingbarnetdaycentre.org.uk</p> <p>lisa-finchley@btconnect.com</p>

	midday and tea in the afternoon. A limited shopping service is provided.	07923 031 231	Transport can be arranged, depending on need but availability is limited		
Finchley Community Network	This organisation can offer day care for older adults. They offer meals, social activities, outings, exercises, information and advice, support and companionship.	Finchley Baptist Church Stanhope Avenue Finchley N3 3QL 020 8343 4896		Day: Thursdays Time: 10am-2pm Location: Finchley Baptist Church Stanhope Avenue Finchley N3 3QL	
Barnet African Caribbean Association	The Association provides a cultural day centre mainly for African and Caribbean elderly Stroke and Alzheimer's sufferers. A hot meal is provided as well as social activities such as exercise classes, arts and crafts, quizzes, games and health visitor sessions. Transport is provided.	Multicultural Community Centre Algernon Road West Hendon NW4 3TA 020 8202 0095	Freshly cooked hot meals (Caribbean and African) every Tuesday & Friday.	Day: Mon, Tue & Fri Time: 10am-3pm Location: Multicultural Community Centre Algernon Road West Hendon NW4 3TA	www.barnetmcc.moonfruit.com/#/baca/4527094419 baca.daycare@btconnect.com
Barnet Cypriot Centre	Run by the Greek Cypriot Brotherhood Centre, this lunch club	Britannia Road North Finchley N12 9RU	All welcome.	Day: Wednesday Time: 12pm - 2pm. Location: Greek Cypriot	

	is for people aged 60+	020 8445 9999		Brotherhood Centre Britannia Road North Finchley N12 9RU Cost: £5	
Cultural and Recreational Organisation for Tamil Elders (CROFTE)	This centre is for Tamil elders who are over 55 years. They arrange lunch, social activities, games, daytrips and discussions.	Watling Community Centre 145 Orange Hill Road Burnt Oak London HA8 0TA 020 8841 5186		Day: Mon & Fri Time: 11am-5pm Location: Watling Community Centre 145 Orange Hill Road Burnt Oak London HA8 0TA	psgunasingam@yahoo.co.uk
Edgware and Mill Hill Friendship Centre	This is an active group which meets twice a month on Tuesdays. They also visit places of interest, organise holidays and walks, go ten-pin bowling, have games, knitting and craft groups. Visits to the theatre and meals out are also arranged. The group is affiliated to the Friendship Centre	North Road Community Centre Burnt Oak Broadway Edgware HA8 0AP 020 8931 2828		Day: 2 p.m. on the first Tuesday Time: Location: They usually meet at North Rd Community Centre, (between Edgware Community Hospital and The Prince of Wales pub), plus every third Tuesday at 8 p.m. (not August) at the same venue.	http://www.fcfed.com/fgle/dw.htm

	Federation and the Barnet 55+ Forum.				
New Barnet Community Centre	The community centre offers various activities for local community including an elders' luncheon.	Victoria Road, New Barnet EN4 9PF 0208 441 7044	The lunch is two courses, a main and a dessert and the cost is £4. There is a vegetarian alternative.	Day: Tuesdays and Fridays Time: 12pm-2.30pm Location: New Barnet Community Centre 48-50 Victoria Road New Barnet Cost: £4	newbarnetca@gmail.com
Anand Day Centre	Run by ASRA Housing Association, Anand is a specialist activity and lunch club helping to meet the needs of Asian communities within Barnet. The organisation offers lunch, social and exercise activities on Wednesdays. They also run other services such as health promotion activities and language support.	Ann Owens Centre Oak Lane East Finchley N2 8LT Nila Patel - 020 8361 0617	It is an Indian vegetarian meal that is served	Day: Wednesday Time: 10am-3pm Location: Ann Owens Centre Oak Lane East Finchley N2 8LT Cost: £3	nilapatel16@yahoo.co.uk
Anand Day Centre	This project provides an activity and lunch club for Older Asian people living in Barnet.	Manor Drive Methodist Church, Manor Drive,	It is an Indian vegetarian meal that is served	Day: Mon & Thu Time: 10am-3pm Location: Manor Drive Methodist Church, Manor	nilapatel16@yahoo.co.uk

		Whetstone N20 0DZ		Drive, Whetstone N20 0DZ Cost: £5	
		Nila Patel - 020 8361 0617			

The following organisations offer home based volunteer support which may be used to help with going shopping, arranging online shopping deliveries or other support around food and nutrition.

Name	Description	Address / Phone No.	Other info	Event details	Website / Email
Casserole Club	Connecting people who like to cook and are happy to share an extra portion of a delicious home cooked meal, with older neighbours living close by who could really benefit from a hot cooked meal. Cooks are required to sign up on the site and undertake a short safeguarding process before they can search and contact local Diners.	020 3475 3444	The Casserole team works with local organisations to help reach Diners. They take self-referrals including from friends and relatives, or diners can be referred by professionals. To sign up or refer visit www.casseroleclub.com/yes_we_are_active or call 020 3475 3444	Regular times and days will be agreed between the Cook and the Diner	www.casseroleclub.com/yes_we_are_active hello@casseroleclub.com
Befriending service - Age UK	A borough wide befriending service using local volunteers. The	Ann Owens Centre Oak Lane	The Age UK website also clearly lists the other befriending	Usually arranged on a day and time to suit both the client and volunteer	www.ageuk.org.uk/barnet/neighbourhood-services/befriending1/

Barnet	primary aim of the service is to offer medium to long term emotional support and companionship. Many relationships will involve outings to shops, parks, help with paperwork and modern technology as well as a good cup of tea, a chat and a laugh.	London N2 8LT 020 8 432 1416	services available in Barnet		info@ageukbarnet.org.uk
Good Neighbour Scheme High Barnet	We aim to support people living at home by offering practical help, advice and friendship to the elderly, sick, disabled, housebound, anyone finding it hard to cope. This help is available to anyone living in the area of High Barnet and Arkley. Services include: Befriending Shopping once a week or we can take you to and from the supermarket Collecting prescription Transport to medical	Church House, Wood Street, Barnet EN5 4BW 0208 441 5678	There is no set charge but donations towards petrol costs and overheads are welcome		www.goodneighbourscheme.org/index.html hbgns@greenbee.net

	<p>appointments and sometimes to other destinations</p> <p>If you can't manage the garden, are over 65 or disabled one of our volunteers can tend to it</p>				
<p>Good Neighbour Scheme Mill Hill and Burnt Oak</p>	<p>Provides neighbourly support to elderly and disabled people living in Mill Hill and Burnt Oak. The shopping service has a minibus with an escort and runs each Monday to either Morrisons at Queensbury, or to Brent Cross Shopping Centre. It picks users up from their doors, and returns them later with their shopping. Motorised scooters can be ordered in advance for use in Brent Cross. For those who are housebound, it may be possible to arrange shopping by volunteers.</p>	<p>The Wilberforce Centre c/o St Paul's Parish Office The Ridgeway Mill Hill NW7 1QU</p> <p>020 8906 3340</p>	<p>Clients are expected to pay modest, affordable sums towards a service they use. This helps to cover our running costs.</p>	<p>Day: Mondays</p>	<p>thegoodneighbourschememhbo.com/</p> <p>good.neighbours@yahoo.co.uk</p>

Altogether Better - East Finchley Shop Assistance	<p>EFAB offer a range of community based activities and aims to bring people together. Individual helpers will meet shoppers at home and take down their shopping list, then go out and do the shopping for them or even take the person out shopping and just help them along the way. If available we also support with phone ordering where the shopper orders goods and then they are delivered by the shop or picked up by a local helper.</p>	<p>High Road East Finchley London N2 9AY</p> <p>07909 998453</p>	<p>Get Involved e-form available on website</p>		<p>www.efab.org.uk/about/16-shop-assistance.html</p> <p>us@efab.org.uk</p>
Friend In Need (FIN) Good Neighbour Scheme	<p>Provides a shopping bus where clients are collected from their homes and driven to ASDA in Southgate to shop independently and they are then dropped</p>	<p>Friend in Need Community Centre</p> <p>East Barnet Baptist Church, Crescent Road,</p>	<p>Please contact Jesse Tan – 020 8449 8225</p>	<p>Day: Fortnightly Location: Asda Southgate Cost: £4</p>	

	home again by the community transport driver	East Barnet, Herts, EN4 8PS			
Friend In Need (FIN) – Helping Hands	<p>Can help residents who are aged 65 and above and need our services so as to be able to live independently. People from age 55 who have a disability, may also access the service.</p> <p>They can help with Grocery Shopping, Banking, Paying Bills, Collecting Pensions and Prescriptions and other related tasks.</p>	020 8275 8378	Please contact Gwen Down for any further information regarding the Helping Hands service	<p>Services will normally be provided on a fortnightly basis.</p> <p>As we are a non-profit organisation, charges will apply to cover some of the actual costs of the service. Charges start at £10 per hour.</p>	Helpinghands@fin-eastbarnet.org.uk
Eat Well Live Well – Age UK Barnet	<p>Eat Well Live Well is Age UK Barnet's programme to improve the health and diet of older people in Barnet as well as tackle social isolation.</p> <p>They offer a free dietary support service for people who might not be</p>		<p>This is for older people who might be struggling to eat well to stay healthy.</p> <p>Age UK Barnet trains volunteers to offer one to one support in</p>	<p>Referrals welcomed from health, social services and housing professionals who have identified clients as being at risk of malnutrition or suspect their diet may put them at risk of ill health.</p> <p>Referrals from members of</p>	http://www.ageuk.org.uk/barnet/neighbourhood-services/eat-well-live-well/

	getting the nutrition they need to stay well.		<p>people's homes to help improve diet and stay well. Many people lose their appetites due to illness. Some cannot eat the same foods that they used to or need help improving access to food.</p> <p>We aim to renew interest in food or improve diet by helping with:</p> <ul style="list-style-type: none"> •Planning meals and snacks •Tutoring in online shopping •Budgeting support •Finding local lunch clubs and ways to make eating sociable 	<p>the public are also welcome if you know someone who has been losing weight recently or is not getting the nutrients they need? Maybe you need help with your own eating? Find out if Eat Well Live Well can help.</p>	
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The following are organisations and companies that provide meal delivery services of hot ready to eat meals on a daily basis or frozen meals that can be ordered a few at a time.

Name	Description	Address /	Other info	Event details	Website / Email
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		Phone No.			
Sodexo	Provides a selection of hot meals that are ready to eat and delivered daily or frozen meals that can be bought and stored	Enfield 25 Great Cambridge Road Off Lincoln Road Enfield EN1 1SH Tel: 0208 804 6318	Sodexo also offer a range of ethnic/cultural meals including Asian Halal, Asian Vegetarian, Afro-Caribbean and Kosher.	Meals can be ordered by phone or by sending a completed form to the local office Example cost: - Standard Hot meals: including a pudding are £6.25p - Frozen meals: Mains range between £2.25-£3.00p Puddings .85p-.90p - Tea time: only available if receiving hot meals. Includes sandwich fruit pot and a cake at £2.95 there is also the option of a salad instead of a sandwich an additional cost of £1.25p Specialist meals all inc. main & pudding - Afro Caribbean: £8.39p - Asian Halal: £8.34p - Asian Vegetarian:	uk.sodexo.com

				<p>£8.34p</p> <ul style="list-style-type: none"> - Kosher: £11.40p - Pureed: £8.38p 	
Wiltshire Farm Foods	Provides a wide variety of frozen meals that can be ordered online or over the phone. Delivery is free and provided weekly or fortnightly the drivers are even able to unpack deliveries straight into the freezer should this be required	0800 773 773	They provide vegetarian, kosher, halal and pureed meal options as well as a range of other dietary requirements	You can either order online by choosing from the large range of frozen ready meals or via telephone and they will put you through to your local outlet. Example cost: Main meals range between £2.50 - £5.90 Puddings range between .95p - £1.95p	www.wiltshirefarmfoods.com
Oakhouse Foods	They offer a wide range of frozen meals and desserts. Orders can be placed online or over the phone and delivery is free for orders over £30 delivery drivers are even able to unpack deliveries straight into the freezer should this be required	0845 643 2009	They provide vegetarian and pureed meal options as well as a range of other dietary requirements	Meals can be ordered online or over the phone. Example cost: Main meals start at £2.30p Puddings start from 1.50p	www.oakhousefoods.co.uk
Cook	They offer a wide range of frozen meals and desserts. Orders can be placed online or over the	01732 759000	They provide vegetarian meal options as well as a range of other dietary requirements	Meals can be ordered online or over the phone Example cost:	www.cookfood.net/

phone and delivery there is a minimum order of £30 and orders over £50 have delivery			Main meals from £3.99p and puddings from £3.25p	
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Supermarkets have offers or multi-buys that will enable meals to be bought in bulk and prepared as and when needed. Most supermarkets offer online shopping which can be delivered to your home, there are volunteer organisations in Barnet that could help with online shopping if needed.

The following are some examples of supermarket offers.

Supermarket	Is online shopping available?	Offer examples
Sainsbury's	Yes	Frozen ready meals from £1.20
Tesco's	Yes	Chilled ready meal 3 for £6
Asda	Yes	Chilled ready meals 2 for £5
Iceland	Yes	Frozen meals for one average £1.50
Waitrose	Yes	Chilled meals 3 for £7

The following services offer short term support with basic food supplies

Name	Description	Address / Phone No.	Other info	Event details	Website / Email
Foodbank Grahame Park NW9	Foodbank clients bring their voucher to a foodbank centre where it can be exchanged for three day's supply of emergency food. Volunteers meet clients over a cup of tea or free	Novo Centre The Concourse Graham Park Colindale London NW9 5XB	<ul style="list-style-type: none"> Vouchers are held by the Learning Disabilities Team Administrator Bridget McFarlane ext 	Vouchers should be used as a SHORT TERM solution and a maximum of 3 times. All effort should be made by staff to ensure the person has accessed advice on	info@colindale.foodbank.org.uk

	hot meal and are able to signpost people to agencies able to solve the longer-term problem.	Chieme Okuzu (Project Manager): 02083 584672 02031 500146 07415 223963	7386 / NLBP 2 nd floor H14 <ul style="list-style-type: none"> Staff provide the name of the service user /carer and the date of issue 	maximising their income and fully explored other relevant options to resolve their financial issues longer term.	
Foodbank East Barnet EN4	Foodbank clients bring their voucher to a foodbank centre where it can be exchanged for three days' supply of emergency food. Volunteers meet clients over a cup of tea or free hot meal and are able to signpost people to agencies able to solve the longer-term problem.	The Salvation Army Barnet Corps Albert Road East Barnet Barnet EN4 9SH 07716 890 535	<ul style="list-style-type: none"> Vouchers are held by the Learning Disabilities Team Administrator Bridget McFarlane ext 7386 / NLBP 2nd floor H14 Staff provide the name of the service user /carer and the 	Vouchers should be used as a SHORT TERM solution and a maximum of 3 times. All effort should be made by staff to ensure the person has accessed advice on maximising their income and fully explored other relevant options to resolve their financial issues longer term.	info@chippingbarnet.foodbank.org.uk

			date of issue		
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Other specialist information providers

Organisation		Contact details
Barnet Citizens Advice Bureau (BCAB)	<p><u>HUB</u> 40–44 Church End, Hendon, NW4 4JT: Drop-in times are 9.30am – 12.00pm on Mondays and Fridays.</p> <p><u>NEW BARNET</u> 30 Station Road, New Barnet EN5 1PL: Drop-in times are 9.30 am - 12 pm on Wednesdays only.</p>	Tel: 0300 456 8365 Monday to Friday 9.30am - 4:00pm and until 7.30pm on Wednesdays.
Age UK Barnet	Ann Owens Centre Oak Lane London N2 8LT	Tel: 020 8203 5040
Barnet Carers Centre	3rd Floor, Global House, 303 Ballards Lane North Finchley London, London City of N12 8NP	Tel: 020 8343 9698

	<p align="center">Adults and Safeguarding Committee 12 November 2015</p>
<p align="right">Title</p>	<p>Delivering Adult Commissioning Priorities through Your Choice Barnet</p>
<p align="right">Report of</p>	<p>Adults and Health Commissioning Director / Director of Adults Social Services</p>
<p align="right">Wards</p>	<p>All</p>
<p align="right">Status</p>	<p>Public</p>
<p align="right">Urgent</p>	<p>No</p>
<p align="right">Key</p>	<p>Yes</p>
<p align="right">Enclosures</p>	<p>None</p>
<p align="right">Officer Contact Details</p>	<p>Rodney D’Costa, rodney.d'costa@barnet.gov.uk 020 8359 4304</p>

<h2>Summary</h2>
<p>Barnet Council currently commissions day and supported living services for disabled people as well as assisted living for older people from Your Choice Barnet (YCB) under a five-year (“three plus two”) contract from 01/02/2012 to 31/01/2017. The current contract stage is year 1 of the plus 2 period and commissioners are taking the opportunity to review the range of services provided by Your Choice Barnet to deliver the Council’s Commissioning priorities, as set out in the Adults and Safeguarding Commissioning Plan, in order to determine the best approach to secure services upon the expiry of the current contract.</p> <p>YCB is part of The Barnet Group (TBG); and as a Council-controlled wholly owned trading company, the so-called “Teckal” exemption applies which permits the Council to make a direct award of contract to YCB without a competitive procurement under the Public Contract Regulations 2015 (PCR 2015).</p> <p>The report provides an outline of the process for entering into formal dialogue with The Barnet Group and YCB to challenge them to bring forward fit for purpose and value for money service proposals which achieve the reshaping of services as set out in the Adults and Safeguarding Committee Commissioning Plan. Subject to agreement to this proposal, a further report on the recommended longer term arrangements between the Council and YCB and will be brought to the appropriate Committee at a future date which will then form</p>

the basis for any future contract.

This “challenge” approach was successfully used in commissioning and delivery of housing services and the management of the Barnet housing stock initiated in a report agreed by Housing Committee, 2nd February 2015 with headline outcomes reported to Housing Committee, on 29 June 2015.

Recommendations

- 1. That the Committee approve the approach to review services provided by Your Choice Barnet, as set out in paragraph 2.**
- 2. That the Committee note that a further report will be presented at a subsequent meeting on the preferred option(s) for future delivery.**

1.0 WHY THIS REPORT IS NEEDED

Context

- 1.1 Your Choice Barnet (YCB) was launched in February 2012 and was amongst the first social care Local Authority Trading Companies (LATC) in the UK, providing a range of services to people with learning and physical disabilities; including specialist day centre support to people on the autistic spectrum and complex disabilities, a short breaks service and supported living. The stated vision of YCB Barnet is to “empower people to live the lives they choose, as independently as possible”. Previously services for these client groups were provided in-house.
- 1.2 YCB’s income from Barnet Council was £4.766m in 2014/15 relating to approximately 250 service users. YCB also generates income from other commissioning organisations, with other Councils purchasing places in the specialist resource provisions of Flower Lane and Rosa Morison. Once YCB was established a programme of cost reductions and a staffing restructure was implemented in order to meet Business Plan targets which were agreed by Cabinet Resources Committee.
- 1.3 A Task and Finish Group comprising cross-party Member representation was set up in 2013 in response to concern surrounding the sustainability of the provision of Adult Care Services through the LATC. The group published its report, endorsed by Cabinet 25 February 2014. A number of recommendations were made relating to process improvements as a result.
- 1.4 Formal monthly contract monitoring meetings, based upon an agreed performance framework and recently revised to include a focus on quality issues (paragraph 1.6 below refers), are held involving senior managers from the Commissioning Group, Adults & Communities Delivery Unit and YCB. In addition to this framework, there is individual care planning and monitoring of client outcomes by Delivery Unit staff.
- 1.5 YCB provides two services which are regulated by the Care Quality Commission, the Supported Living Service and Valley Way Respite Unit. The Committee will be aware that in February 2015, the adult social care regulator, the Care Quality Commission (CQC), published a report of YCB’s Supported

Living Service (SLS), following an inspection the previous year. This report rated the SLS as “inadequate” overall. In response, YCB management submitted an improvement action plan to CQC to ensure that all issues raised by CQC would be addressed. A follow-up inspection by CQC is expected by February 2016. Valley Way Respite Unit was inspected by CQC in June 2015 and received a ‘Good’ rating.

- 1.6 Apart from the CQC inspection of supported living, YCB’s overall contract performance is good, as reported to Performance & Contract Management Committee and summarised below:

Reporting Period	Overall RAG Performance Indicators	Other Achievements
Quarter 2: 2015/16 (draft report yet to be published for 17 November 2015 Committee)	Green 16 (80%) Amber 3 (15%) Red 1 (5%)	Improved sickness and absence performance amongst staff with an average 9.3 days of sickness per employee, within the target range for Green rating.
Quarter 1: 2015/16	Green 17 (85%) Amber 2 (10%) Red 1 (5%)	Trend reduction in usage of Agency staff, reflecting recent staff restructure and recruitment drive. Utilisation rates consistently high across YCB services. For example full year 2014/16 figures are: 90% at Barnet Independent Living Service, 97% at Community Space, 97% at Flower Lane, 98% at Rosa Morison; and 99% in Supported Living.
Quarter 4: 2014/15	Green 12 (55%) Amber 6 (27%) Red 4 (18%)	Consistently good / high service user feedback.

- 1.7 YCB made a series of efficiency savings during 2013, culminating with a reduction to employees’ salaries whilst ensuring all staff are paid the London Living Wage. These changes came into effect from April 2014 and through these changes YCB has positioned itself as a sustainable adult social care provider into the future, providing services at a unit cost which is competitive in the social care marketplace.
- 1.8 YCB needs to achieve a minimum of a break-even position year on year and needs any surplus cash to build its reserves to a level which will support its cash-flow and act as a cushion against increasing pension contributions and

enable repayment of an outstanding loan to Barnet Homes. The budget for 2015/16 has a forecast surplus of £50k and the organisation is on track to meet this forecast.

2.0 REASONS FOR RECOMMENDATIONS

- 2.1 The current contracts with YCB expire on 31 January 2017. The purpose of the proposed dialogue is to “challenge” YCB in the interim to develop fit for purpose and value for money services as part of a new procurement going forward. The outcome from this dialogue will therefore help inform commissioners whether to recommend the current services provided by Your Choice Barnet should be re-commissioned through market testing or reshaped by Your Choice Barnet by continuing to invoke the Teckal exemption through a new contract (or a combination depending on the “bundling” of service lots).
- 2.2 The above dialogue presents an opportunity to modernise the service model consistent with the national and sector agenda which focuses on employment, social inclusion, living in a home of your own, training and empowering individuals to exercise choice and maximise opportunities for living independently, whilst still ensuring that eligible needs will be met.
- 2.3 Commissioners will be exploring options for reshaping Day and Supported Living Services as outlined in the Council’s Medium Term Financial Strategy. The dialogue will also explore opportunities for YCB and the wider services of TBG to help deliver housing related savings in the adult social care MTFs, for example, those based on moving people from residential care into supported accommodation.
- 2.4 In the context of Winterbourne View, the dialogue sessions will also explore the potential for YCB to assist with meeting the Council’s and Barnet CCG’s commitments to resettle this group of people from hospitals and out of borough placements.
- 2.5 Indicative steps and timescale for the proposed dialogue is as follows:

1	Develop output and outcome specification for services relating to People with Physical and Learning Disabilities	Run concurrently from Nov 2015 to Feb 2016
2	Initial exploratory meetings on the housing related savings (£2.5m)	
3	Assess performance (quality and value for money) of YCB and benchmark against other providers	
4	Challenge sessions with YCB. Key Lines of Enquiry to include : <ul style="list-style-type: none"> • How does YCB demonstrate value for money in its plans to <ul style="list-style-type: none"> ○ Reduce dependency of service users wherever possible through an enablement approach. ○ To better utilise the specialist resource hubs of 	February – April 2016

	<p>Rosa Morison and Flower Lane</p> <ul style="list-style-type: none"> ○ Meet key performance measures around employment levels, carers support, independent living and enablement. ○ Contribute to wider Council objectives ○ Capitalise on the opportunities of growth and the reshaping of older person's social housing to develop new ways of meeting adult social care users' needs ○ Capitalise on the work on welfare reform to promote employment opportunities for disabled adults ○ Promote greater levels of travel independence ○ Promote greater levels of user, carer and staff involvement in the running of services. ○ Work in partnership with other organisations to grow the business of YCB ○ Continuous improvement and to be assessed as a good provider or above across all registered services. <ul style="list-style-type: none"> ● How The Barnet Group through Barnet Homes and Your Choice Barnet can bring forward range of accommodation and support options to support people with complex needs live in the Borough as an alternative to out of area placements. ● What is the opportunity to reduce duplication with the Council e.g. trusted assessments and reviews of need, support brokerage 	
5	Options appraisal	April 2016
6	Report to Adults and Safeguarding Committee for endorsement of proposed Heads of Terms for new contract with YCB or alternative recommended procurement	Spring 2016
7	<p>Develop the preferred option(s)</p> <ul style="list-style-type: none"> ● Objectives ● Legal Clauses ● Specification ● Governance Arrangements ● Review Mechanisms ● Change Procedures ● Payment Mechanism ● Performance Framework <p>Undertake consultation on preferred options as required.</p> <p>Procurement and mobilisation of services with a go-live date of 1 February 2017.</p>	Post Committee decision (Spring 2016)

3.0 **ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 This report proposes a dialogue which will help inform commissioners develop recommendations to elected Members on whether to continue to procure services from Your Choice Barnet on expiry of the current five year contract or to commence a competitive procurement.

3.2 The alternative option would be to undertake to market test all of the services through a competitive procurement process undertaken in 2016 or to plan to bring back the services in-house on the expiry of the contract. YCB is a good provider which continues to achieve high levels of satisfaction and strong support from users, carers and councillors. Officers therefore recommend exploring the modernisation and improvement of the services provided by YCB through a dialogue and challenge process. By commencing this dialogue process 14 months ahead of contract expiry, this will allow for sufficient time to complete a thorough dialogue process with YCB; for the committee to consider the outcomes from this and agree the procurement approach and allow for new arrangements to be put in place.

4.0 **POST DECISION IMPLEMENTATION**

4.1 Subject to Committee approving the proposal, officers will proceed with the activities and related timescales outlined in paragraph 2.5.

5.0 **IMPLICATIONS OF DECISION**

Corporate Priorities and Performance

5.1 The Corporate Plan 2015 – 2020 sets out the Council's vision and strategy for the next five years based on the core principles of fairness, responsibility and opportunity to make sure Barnet is a place:

- of opportunity, where people can further their quality of life
- where people are helped to help themselves, recognising that prevention is better than cure
- where responsibility is shared, fairly
- where services are delivered efficiently to get value for money for the taxpayer

This report proposes a procurement approach with the aim of realising the above principles in relation to people with physical and learning disabilities.

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

6.1 Paragraph 2.3 above sets out drivers for the proposal, which relate to achieving value for money for Barnet residents whilst also promoting high quality services for some of the most vulnerable sections of the community.

7.0 **Legal and Constitutional References**

7.1 Terms of Reference for the Adults and Safeguarding Committee are set out in the Council's Constitution (Responsibility for Functions, Appendix A). The Adults and Safeguarding Committee has the following responsibilities:

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

7.2 HB Public Law has confirmed that the so-called "Teckal" exemption (Regulation 12[1]) applies under the Public Contracts Regulations 2015 (PCR 2015). This exemption allows the Council to make a direct award of contract to YCB without a competitive procurement.

7.3 The Teckal exemption is satisfied because:

- Regulation 12a – YCB is "controlled" by the Council (as it is the sole shareholder through the Barnet Group). There is a shareholder agreement in place between The Barnet Group and the Council;
- Regulation 12b – YCB carries out over 80% of its activities for the Council; and
- Regulation 12c – There is no private ownership of YCB.

8.0 **Risk Management**

8.1 Under any competitive procurement scenario, TUPE (Transfer of Undertakings [Protection of Employment] Regulations 2006) is likely to apply to any contract award to a new service provider.

9.0 **Equalities and Diversity**

9.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups (protected characteristics i.e. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).

9.2 YCB (and The Barnet Group) operates an equalities strategy which fully supports the Council's equalities aims and principles.

9.3 The purpose of the dialogue includes promoting the principles of fairness, opportunity and responsibility (paragraph 5.1 refers).

9.4 An Equality Impact Assessment will be included as part of the recommended

procurement approach.

10.0 Consultation and Engagement

10.1 It is proposed at this stage that this is an Officer review, leading to a clear preferred option for recommendation to Committee in Spring 2016. Service user and carer feedback, satisfaction and outcome data will be reviewed during the dialogue process to inform the future requirements.

10.2 The outcomes from the review will determine the nature and extent of any user, carer or wider consultation and engagement required.

11.0 Insight

11.1 The Joint Strategic Needs Analysis (JSNA) contains a number of references to the prevalence and projected increases in people with physical and learning disabilities. For example:

- “Due to the projected population increase in the 65 and overs, the number of people aged over 65 with moderate or severe learning difficulties is estimated to rise from 143 in 2015 to 187 in 2030; a rise of over 30%”
- “Across all age groups, more people have physical disabilities than learning disabilities”

12.0 BACKGROUND PAPERS

12.1 Cabinet Resources Committee 16.01.12 – Item 5

<http://barnet.moderngov.co.uk/Data/Cabinet%20Resources%20Committee/201201161900/Agenda/Document%203.pdf>

12.2 Cabinet 25.02.2014 – Item 5

<http://barnet.moderngov.co.uk/documents/s13206/Your%20Choice%20Barnet%20TFG%20-%20Cover%20Report%20to%20Cabinet.pdf>

12.3 Housing Committee 02.02.2015 – Item 14

<http://barnet.moderngov.co.uk/documents/s20709/Management%20Agreement.pdf>

12.4 CQC 25.02.2015 – Inspection Report on Barnet Supported Living Service

<http://www.cqc.org.uk/location/1-112848964>

12.5 Performance and Contract Management Committee

Q1-2015/16

<https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-indicators-2015-16-quarter-1.html>

Q4- 2014/15

<https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-indicators-2014-15-quarter-4.html>

	<p>Adults & Safeguarding Committee 12 November 2015</p>
<p>Title</p>	<p>External Support Planning and Brokerage – Contract Novation</p>
<p>Report of</p>	<p>Adults and Health Commissioning Director / Director of Adult Social Services</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Urgent</p>	<p>No</p>
<p>Key</p>	<p>No</p>
<p>Enclosures</p>	<p>None</p>
<p>Officer Contact Details</p>	<p>John Mason – Commissioning Lead, Adults & Health, Commissioning Group; John.Mason@barnet.gov.uk 020 8359 4945</p>

Summary

The Council and Barnet Centre for Independent Living (BCIL), a Community Interest Company (CIC), are party to a contract for External Support Planning and Brokerage (“the Contract”). The duration of the Contract is for an initial term of three years from 1st October 2014 to 30th September 2017, with an option to extend the Contract term for a further period of two years (“3+2”).

This report seeks approval for the Council to enter into a Deed of Novation to release BCIL from its obligations under the Contract with the Council and novate the Contract to Inclusion Barnet from 1 January 2016 for the remainder of the initial term of the Contract and, where relevant, for any extension period of up to two years.

Inclusion Barnet (IB) is a company set up with charitable status and is effectively the parent company, with BCIL remaining in existence but as the trading arm of IB. The reasons for setting up IB are strategic: for example, to facilitate closer working with other organisations like Community Barnet and thus be better placed to meet organisational aims and objectives; as well as practical, for example benefitting from Gift Aid and the ability to bid for other sources of income not open to a CIC.

The proposed novation presents no further financial implications or risks to the Council and

is supporting the sustainability of the organisation to deliver the service.

The Contract Procedure Rules were followed for the necessary authorisation level for a contract of this value. The contract novation is seen as a variation to the contract and as such requires authorisation by Committee.

The Contract provides external support planning and brokerage to meet service users' needs. This service is for people who are eligible for support under the Care Act 2014.

Recommendations

- 1. That Committee approve the novation of the Contract with the Council from BCIL to Inclusion Barnet from 1 January 2016 for the remainder of the initial term of the Contract and, if relevant, for any extension period of up to two years.**

1.0 WHY THIS REPORT IS NEEDED

- 1.1 This report is required for the London Borough of Barnet to authorise the novation of a contract for External Support Planning and Brokerage from Barnet Centre for Independent Living (BCIL) to Inclusion Barnet.
- 1.2 By way of background, BCIL was constituted in 2010 as a 100% user-led CIC to lead on information, advice and support planning. The context for this initiative was the Office for Disability Issues (ODI), who in May 2011 launched a national programme to support the development of strong and sustainable user-led organisations. The work that Barnet Council did to develop BCIL has been identified as an example of good practice by the ODI. In maximising use of volunteers and harnessing the expertise of the people who use services to provide peer support, BCIL 'added value' to delivery of contract outputs and outcomes.
- 1.3 Following a competitive tender process, approval was given on 16th September 2014 to appoint BCIL, a Community Interest Company (CIC), as chosen supplier for the provision of external support planning and brokerage services. BCIL was awarded the Contract for an initial term of three years with, a possible extension of a further two years, subject to satisfactory performance and budget.
- 1.4 External Support Planning and Brokerage helps service users to plan and broker their support needs. The Council vision is that this becomes the default option for all support planning and brokerage across all service user groups. By providing a different model this has led to more innovative and cost effective support plans. This gives people increased choice and control for their support.
- 1.5 A request to novate the Contract was made by BCIL in August 2015. The reason for the request relates to the drivers for setting up Inclusion Barnet (IB), discussed in the following paragraphs.

1.6 BCIL’s membership agreed to setting up IB as a new charity, effectively the parent, with BCIL remaining but as a trading arm. It is intended that IB will be both a Centre for Independent Living (CIL) and a Deaf and Disabled People’s Organisation (DDPO); and also support inclusion more broadly, in particular through the Barnet Giving project, which is being co-delivered with Community Barnet. The ambition is to combat current stereotyping of disabled people as passive and needing support by positioning IB as a group who use their expertise in overcoming exclusion and barriers to contribute towards the creation of a more equal society for all. IB’s four strategic priorities are Community Leadership (e.g. Barnet Giving), Empowerment and Rights (e.g. external support planning), Support to Fulfil Potential (e.g. Into Sport project) and User Voice (e.g. People’s Choice). IB will support the development of strands of work under these priorities through a mix of fundraising, primary purpose trading and revenue through the trading arm, BCIL. The BCIL Board is still developing its trading strategy, but the initial offer is likely to focus on research, consultancy and training.

1.7 Practical drivers for the decision to form a charity include:

- Charity governance provides a more suitable structure to support a membership scheme, as otherwise members are subject to the disclosure provisions of the Companies Act, which is not suitable for a disability organisation.
- Charitable status allows any revenues generated by the trading arm, BCIL, to be gifted back to the charity.
- Charities are able to apply to a wider range of funders and have increased ability to take up concessions of various kinds e.g. computing software.

1.8 In accordance with the Charity Commission’s best practice, whilst some trustees are also directors, each Board also has independent members who only serve on one Board to safeguard the interests of both organisations. Appointees to the respective posts are:

<u>IB Trustees</u>	<u>BCIL Directors</u>
Paul Hawkins	Paul Baldwin
Maria Nash	Wilfred Canagaretna
Will Pike	Maria Nash
Paul Baldwin (Chair)	Michael Nolan (Chair)
Sunethra Goonwardene	Phillip Rackham
Michael Nolan	

2.0 REASONS FOR RECOMMENDATIONS

2.1 This approach is recommended as it supports the sustainability of the organisation and thus continuation of a peer support model of service delivery.

3.0 **ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 To terminate the current contract and reprocure the service. This is not recommended as it would create additional procurement and disrupt service delivery.

4.0 **POST DECISION IMPLEMENTATION**

- 4.1 Subject to agreeing the recommendation, The Contract with BCIL will cease and novate to Inclusion Barnet. Contract monitoring and review by the Council will continue, albeit with Inclusion Barnet, following authorisation and on Contract novation.

5.0 **IMPLICATIONS OF DECISION**

5.1 **Corporate Priorities and Performance**

- 5.1.1 Novation of the current external support planning and brokerage contract will ensure the continued contribution towards the key priorities and objectives of the Council's Corporate Plan 2015-20.

'The Council, working with local, regional and national partners will strive to ensure that Barnet is the place:

- of opportunity, where people can further their quality of life
- where people are helped to help themselves
- where responsibility is shared fairly
- where services are delivered efficiently to get value for money for the taxpayer'

The Contract is regularly monitored via a performance framework including targets relating to the number of people supported by the service.

- 5.1.2 The service contributes to the objectives of the Health and Wellbeing Strategy by ensuring people have choice and greater life opportunities through effective care and support.

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

- 6.1.1 The budget allocated to the contract remains as at present: £146,000 per annum. The total contract value is also unchanged at £438,000 for the initial term of three years and £730,000 if the contract was to be extended for a further two years. The funding for this contract is from Adults and Communities Delivery Unit base budget.

- 6.1.2 The Contract Procedure Rules (CPRs) were followed for the necessary authorisation level for a contract of this value. The contract novation is seen as a variation to the contract and as such requires authorisation by Committee.

7.0 **Social Value**

- 7.1 The service provider is expected to consider social value in as creative and innovative way as possible. For example use of local businesses for supplies, and the development, recruitment and retention of a local workforce.

8.0 **Legal and Constitutional References**

- 8.1 Novation of a contract, under English Law, extinguishes that contract and replaces it with another in which a third party takes up the rights and obligations which duplicate those of one of the original parties to that agreement.
- 8.2 The Public Contracts Regulations 2015 (PCR 2015) provide for modification of existing public contracts and set out circumstances where modification may be made ('permitted change').
- 8.3 Regulation 72 (1) (d) of PCR 2015 provides for modification of an existing contract where a new contractor replaces the original contractor. Such change may be a permitted change where the replacement is as a result of corporate restructuring including takeover, merger, acquisition or insolvency. Such change may be a permitted change provided that (i) the new contractor meets the original qualitative selection criteria, and (ii) the change in contractor does not result in other substantial modifications to the contract or its nature and scope.
- 8.4 BCIL have advised there will be a corporate restructure with the acquisition of BCIL as a subsidiary Community Interest Company (CIC) to IB and a redistribution of services provided. In practice this means that the services currently being provided (by BCIL) under the Contract, whilst being delivered substantially by the same personnel, will now fall under the responsibility and sphere of activity of IB. The original qualitative selection criteria will continue to be met and the change in contractor will not result in any other substantial modifications to the Contract, its nature or scope.
- 8.5 The Council's Contract Procedure Rules (CPRs) at CPR 14.1 echo the requirements of Regulation 72, PCR 2015 and CPR 17, Appendix 1 – Table A sets out the authorisation and acceptance thresholds for such modifications.
- 8.6 HB Public Law, where instructed, will advise and assist the client department with regard to the novation of the contract and pursuant to the Council's CPRs approve the terms to be used.

9.0 **Risk Management**

- 9.1 The novation of the contract carries no additional risks to the Council; terms and conditions of the contract will not change.
- 9.2 All contracts have been processed in accordance with the Contract Procedure Rules set out in the Councils Constitution. Please see section 8.5 above.

9.3 In accordance with Contract Procedure Rules and to ensure value for money the contract will continue to be managed and performance managed throughout the contract term. This will continue with the novation of the contract to Inclusion Barnet.

10.0 **Equalities and Diversity**

10.1 The contract for the service includes explicit requirements fully covering the Council's duties under equalities legislation. The contract continues to require the provider to have a high standard of equitable behaviours. This includes compliance with Equal Opportunities Legislation, operating an equal opportunities policy, observing Codes of Practice issued by the Commission for Equality and Human Rights, and giving appropriate consideration to each customer's race, nationality, cultural or ethnic background, marital status, age, gender, sexual orientation and disabilities.

11.0 **Consultation and Engagement**

11.1 Not applicable.

12.0 **Insight**

12.1 Not applicable.

13.0 **BACKGROUND PAPERS**

13.1 The procurement of this service is in the Contract Procurement Plan from CRC on 4.11.2013 Item 14.

13.2 The [Decision - Contract Award for provision of External Support Planning and Brokerage to Barnet Centre for Independent Living](#) was published on September 16th 2014 for contract start date of 1 October 2014.

	<p align="center">Adults and Safeguarding Committee Meeting 12th November 2015</p>
<p align="center">Title</p>	<p>London Borough of Barnet’s approach to concerns with providers in the regulated care market - update</p>
<p align="center">Report of</p>	<p>James Mass – Assistant Director</p>
<p align="center">Wards</p>	<p>All</p>
<p align="center">Status</p>	<p>Public</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Key</p>	<p>No</p>
<p align="center">Enclosures</p>	<p>None applicable</p>
<p align="center">Officer Contact Details</p>	<p>James Mass – Assistant Director James.Mass@barnet.gov.uk Jess Baines-Holmes – Head of Care Quality, Jess.Baines-Holmes@barnet.gov.uk</p>

Summary

This report provides an update to the Council’s approach to responding to concerns with providers in the regulated care market, as requested by the Committee on the 8th June. There are 180 providers of regulated adult social care registered with the Care Quality Commission (CQC) in Barnet and since 2014 these have been inspected under a new regime.

When providers are found to be ‘inadequate’ or ‘requires improvement’ the Council responds with a partnership approach alongside the CQC and the Barnet Clinical Commissioning Group (BCCG) to ensure the safety of vulnerable residents.

The Council’s Care Quality service is also pro-actively working with all providers to help lift standards of care across Barnet and minimise the number of providers locally that cause concern.

Decisions

That the Adults and Safeguarding Committee note the on-going work to develop and improve the approach to responding to concerns with providers in the regulated care market.

1. WHY THIS REPORT IS NEEDED

The Care Quality Commission

1.1 The Care Quality Commission (CQC) is the national body responsible for the regulation of hospitals, care homes, home care, dental and GP surgeries, clinics, community services and mental health services in England. This report focusses solely on care homes and providers of domiciliary homecare as providers of Adult Social Care.

The Old CQC Regime

1.2 The previous registration requirements were brought into force in 2010 and set out 16 essential standards of quality and safety that all providers had to meet when they registered with CQC, and on an on-going basis thereafter. Following inspection, providers could either be assessed as 'Met all standards' or 'Not met all standards'.

1.3 This system was increasingly criticised following a number of reviews, inquiries, consultations and policy initiatives including:

- The Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry);
- The Winterbourne View Review;
- The Berwick Review in to Patient Safety;
- The government's Red Tape Challenge.

The Francis Inquiry report noted that:

"The current outcomes are over-bureaucratic and fail to separate clearly what is absolutely essential from that which is merely desirable."

1.4 They were also widely criticised for a lack of clarity and being difficult to enforce. The new regime aims to remedy this by identifying 'Fundamental Standards' which are intended to be common-sense statements that describe the basic requirements that providers should always meet, and set out the outcomes that patients or care-service users should always expect. All care

providers registered with CQC now have to meet them.

The new CQC regime

- 1.5 Inspections are now unannounced and delivered by teams tailored to the service they are inspecting – this includes an inspector, an expert by experience, and may also include a specialist adviser.
- 1.6 The size of the team depends on the size and complexity of the service being inspected. Inspectors use professional judgement, supported by objective measures and evidence, to assess services against five key questions:
 - Are they safe?
 - Are they effective?
 - Are they caring?
 - Are they responsive to people's needs?
 - Are they well-led?
- 1.7 Each service is then given a rating to help people to compare services and to highlight where care is outstanding, good, requires improvement or inadequate.
- 1.8 The inspectors use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions to ensure consistency and focus on those areas that matter most.
- 1.9 The CQC has recently published its State of Care report (available at <http://www.cqc.org.uk/content/state-care-201415>). This sets out that 60% of services were judged good or outstanding and highlights the significant variation in the market. The analysis shows that 50% of services re-inspected demonstrated improvement. Locally, the Council has seen something similar with some services continuing to struggle or close whilst a significant proportion are able to demonstrate significant improvement – often with considerable input from Adults & Communities Delivery Unit.
- 1.10 This report sets out the Council's approach to responding to concerns with providers in the regulated care market in light of the new inspection regime in

relation to Home Care and Care Home providers.

1.11 There are 73 home care providers registered in Barnet and 101 care homes.

1.12 Table 1 shows the number of providers in Barnet compared to a number of other comparator boroughs for Adults and Older People as identified by the National Adult Social Care Intelligence Service (NASIS).

Table 1

Borough	Home Care	Care Homes
Redbridge	60	71
Harrow	62	84
Ealing	55	63
Haringey	34	59
Brent	49	85
Enfield	62	94
Barnet	73	101

Table 2 shows the ratings for Barnet providers who have been rated to date under the new inspection regime.

Table 2

	Home Care	Care Homes
New Regime		
Outstanding	0	0
Good	8	15
Requires improvement	3	10
Inadequate	1	4
Not rated	0	1
Old Regime		
Met all standards	35	75
Not met all standards	4	8

'Not rated' indicates that an inspection has been undertaken but the report has not yet been published.

In a number of instances where a provider has closed, moved premises or been acquired, inspection reports have now been archived and therefore the figures in table 2 do not reflect the totality of registered providers within the borough (table 1). All registered providers will now be inspected under the new regime.

Provider Concerns Process

1.13 The aims of the provider concerns process are to:

- Ensure the safety, dignity and care to those who use the service of the provider;
- Ensure that the customer is at the heart of the process;
- Share information appropriately in order to enable effective partnership working;
- Work together with providers to improve the quality of care;
- Take robust action in instances where a crime has been committed or to protect the wellbeing of those who use services.

1.14 Working together means recognising that no single agency can alone respond or improve the quality of care within providers. Each organisation has its own remit, focus and skills, which together, has the potential to contribute to creating the best possible outcomes within a care provision.

1.15 Concerns in relation to providers can be raised through a number way e.g. safeguarding alerts, contract monitoring meetings, service user reviews, family or friends, CQC inspection process, health.

1.16 Where concerns are raised in relation to a provider then the following process is followed:

1. Initial provider concerns meeting
2. Fact finding and investigation
3. Reviewing recent social care reviews for any individuals placed by the local authority

4. Reviewing any recent safeguarding alerts
5. Reviewing recent contract monitoring information
6. Reviewing service users if appropriate and needed
7. Risk analysis and action planning
8. Work with providers on implementation of action plan

Risk Assessment and Review of individuals

- 1.17 Following the raising of a provider concern, the Council will undertake a risk assessment of the provider. This will involve an audit of recent Council contact with the provider including monitoring visits, contract management and reviews of individuals.
- 1.18 Where it is deemed necessary, a review of those receiving service will be undertaken to ensure an acceptable level of care is being received.

Joint working with health

- 1.19 The Council works closely with Barnet Clinical Commissioning Group to ensure a multi-agency approach to dealing with provider concerns. Health commissioner and practitioner involvement will often be critical to working with providers regarding services commissioned by BCCG or in relation to nursing or clinical care in order to assess risk and improve practice.

Suspensions

- 1.20 A possible action that is likely where there is a concern is to put in place a provider suspension. Potential triggers include:
- Action required under the Multi Agency Procedures for Safeguarding Adults
 - Following a CQC inspection, the provider has received a rating of 'Inadequate'.
 - Following an inspection CQC decide to take action against a provider, such as issuing a warning.

- The provider needs to embed significant improvements, and it is determined that a respite from referrals is necessary while the improvement work is on-going.
- Evidence that the health and safety of a service user(s) is at risk.
- Due to a provider's failure to adhere to the contractual requirements between the provider and the Council.

1.21 The decision to suspend will be based on the evaluation of available evidence as to whether or not the provider is in a position to effectively and safely accept new referrals.

1.22 In most circumstances it will be necessary to convene a Provider Concerns meeting to decide whether there are sufficient grounds to suspend referrals and assess the risk to individuals currently placed with the provider. All available evidence will need to be reviewed, including the outcome of any Adult Safeguarding Strategy meeting that has been held.

1.23 The decision to suspend should be based on whether suspension is warranted based on the circumstances and available evidence and must be for an agreed period. In determining the duration of the suspension, due consideration should be given to the action required to improve and the timescales for the improvement to take place.

1.24 In some cases, a provider will indicate they are willing to undertake a voluntary suspension which may seemingly negate the need to impose a formal suspension. This will not be accepted. If it is considered necessary to suspend a provider this must always be a formal suspension and the appropriate procedures must then be followed.

1.25 Under the Provider Concerns Policy, it may sometimes be necessary for the Head of Care Quality to suspend a provider with immediate effect, while the service is completing a risk assessment. The conditions under which this may occur are:

- Following a CQC inspection, the provider has received a rating of 'Inadequate'.

- Following an inspection CQC decide to take action against a provider, such as issuing a warning.
- 1.26 The Council may also use its discretion to suspend a provider prior to the Provider Concerns meeting where it believes this is necessary to safeguard individuals.
- 1.27 In those instances where an immediate suspension is placed upon a provider, the Council will then undertake a risk assessment to identify the level of risk posed by the concerns raised by the CQC enabling it to determine if the suspension is warranted.

Communication

- 1.28 Following the decision to suspend a provider, they will be notified in writing within five working days. The decision will be shared with senior managers and officers that arrange placements across the authority. Regular updates are provided to senior management.
- 1.29 Other funding authorities are then identified and notified in writing with a recommendation for them to carry out client reviews where appropriate and offering the opportunity for engagement in the LBB provider concerns process.
- 1.30 A notification is also sent out via London Councils to all Directors of Adult Social Care.

Shared approach across London

- 1.31 London Directors of Adult Social Services have commissioned a review of the London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse. An independent contractor has been commissioned to do this work, and is engaging a range of stakeholders including the Assistant Directors Group, and LASN (London Safeguarding Adults Network), Police and Health.
- 1.32 Part of the project brief is to include a section on Policy and Procedures for a Provider Concern. This work is in progress and Sue Smith, Head of Safeguarding Adults within the Adults and Communities Delivery Unit has been involved in the reference group. This will have the benefit of a co-

ordinated approach across London, will clarify the roles and responsibilities of local authorities whether they are host or placing authorities (funding authorities), and aims to provide a shared threshold for the procedure to be invoked, and a shared risk matrix.

- 1.33 The procedures will also include guidance on communication with residents and relatives and other local authorities, when a suspension of placements is agreed in one Borough. This will address current inconsistencies across London.
- 1.34 The Council will review and adopt this when complete and ensure the local policy builds on the shared approach while reflecting the detail of the local arrangements with partners.

Preventative work to improve quality in the market

- 1.35 Alongside responding to concern the Care Quality Service within Adults and Communities carries out proactive work to support providers across Barnet to improve their services and also co-ordinate partners in supporting this approach. In addition to a contract management and monitoring function, the service works with the wider market to improve poor practice and promote instances of high quality care.
- 1.36 This includes arranging Quality and Practice Forums, and developing support networks. The teams also look at how health and social care support for people can be more joined up, and prevention initiatives which can be undertaken by providers.

Development work

- 1.37 In July 2015, Barnet experienced the closure of a care home with nursing accommodating 7 highly vulnerable residents following CQC and Council intervention. Following action taken by the regulator to deregister the home, the Delivery Unit worked closely with BCCG and the community services provider to manage the safe transfer of all residents to new accommodation. This was undertaken through a co-ordinated approach, led by the Care Quality Service and ensured that each individual was safeguarded and mitigate the risks associated with moving vulnerable people.

1.38 Following this provider failure, the Care Quality Service convened a Lessons Learned workshop, drawing together the appropriate professionals to review the precipitous events, actions and consequences of the failure and agree how to best incorporate the learning to strengthen the future approach.

1.39 A key action from the workshop has been to agree that the Council and BCCG will now work jointly to produce a shared provider concerns policy and develop a full suite of procedures and documentation to support the process.

1.40 Key actions for the group are to produce the following documents by December 2015:

- *Development of a trigger & escalation policy*

This will identify changes, developments or themes which may suggest services starting to fail. The early identification of failings within services and more open communication across partnerships had the potential to prevent harm and abuse from occurring.

- *Refinement of a comprehensive risk assessment tool*

This tool will enable those involved in the process to systematically identify and assess risk and then plan and implement a response to the risk. The purpose of the risk assessment is to agree the level of acceptable risk. In this instance, the major decision is to determine if it is safe for people to remain with a provider.

- *Information sharing protocol*

This will set out principles as to who information should be shared with and the information governance surrounding information sharing.

- *Exit strategy and guidance on contingency planning*

This will outline the strategy and factors for consideration if it becomes necessary to move individuals. The document will be heavily informed by the home closure in July.

2. REASONS FOR RECOMMENDATIONS

2.1 That the Adults and Safeguarding Committee consider the current approach to responding to concerns with providers in the regulated care market and

note the on-going work to develop and improve the approach. This will ensure that Adults and Communities can continue to effectively respond to any concerns with providers within the regulated care market in Barnet.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None

4. POST DECISION IMPLEMENTATION

4.1 The approach will continue to be used by the Adults and Communities Delivery Unit.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.2 This approach supports the Council's Corporate performance targets to deliver effective services to residents and supports the key priority identified by the Adults and Safeguarding Committee 'that all adults are given the opportunity to live well, age well and stay well, with people feeling safe;'

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

5.3.1 The paper formally confirms current working practices and further development work is being undertaken within existing resources and as part of business as usual. There are therefore no additional resource implications, over and above the current budget, to note.

5.4 Legal and Constitutional References

5.4.1 The Council's Constitution (Responsibility for Functions) sets out the Adults and Safeguarding Committee's Terms of Reference, which include: 'Promoting the best possible Adult Social Care services'.

5.4.2 Under The Care Act 2014, local authorities are required to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to residents.

5.4.3 The Act also imposes legal responsibilities on local authorities where a care

provider fails for a business reason, involving the financial failure of the organisation.

5.4.4 The Act makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they are receiving.

5.4.5 Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for their care themselves, the local authority pays for it, or whether it is funded in any other way.

5.4.6 In these circumstances, the local authority must take steps to ensure that the person does not experience a gap in the care they need as a result of the provider failing.

5.4.7 This duty applies temporarily, until the local authority is satisfied that the person's needs will be met by the new provider.

5.4.8 Although this duty does not apply where a business ceases to operate because of its failure to meet the CQC's standards, The Act does confer a discretionary power upon the local authority in the case of a failure due to quality.

5.4.9 The local authority has duties to safeguard adults if it has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) -

- a. has needs for care and support (whether or not the authority is meeting any of those needs),
- b. is experiencing, or is at risk of, abuse or neglect, and
- c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. (section 42 of the Care Act 2014)

5.4.10 The local authority also has a duty to ensure that the eligible needs of adults who are ordinarily resident in its area are met (section 18 of the Care Act 2014).

5.5 Risk Management

5.5.1 Provider concerns will continue to be dealt with using a robust assessment of risk using the provider concerns risk tool. This will enable the Council to rate the different elements of risk and assess the action required. These will continue to be escalated to Senior Management to ensure the appropriate level of scrutiny and assurance that action is both timely and proportionate.

5.6 Equalities and Diversity

5.6.1 Under Section 149 of the Equality Act 2010 the Council must, in the exercise of its functions, have due regard to the need to do the following:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.6.2 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to

- a. Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b. Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c. Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

5.6.3 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

5.6.4 Having due regard to the need to foster good relations between persons who

share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

5.6.5 Compliance with the duties may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under the Act.

5.6.6 The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

5.6.7 People in Care and Nursing Homes and those receiving care at home are some of the most vulnerable people in the community by reason of age and/or disability and therefore require the Council to ensure that, as well as being safeguarded, the measures taken by the Council under this policy meet the equality duty particularly in ensuring that any action takes into account a person's disabilities.


5.7 Consultation and Engagement

5.7.1 N/A

6. BACKGROUND PAPERS

6.1 London Borough of Barnet's Approach to Concerns with Providers in the Regulated Care Market.

<https://barnet.moderngov.co.uk/documents/s23583/Provider%20Concerns%20-%20AC%20June%202015%20FINAL.pdf>

	<p style="text-align: center;">Adults and Safeguarding Committee 12th November 2015</p>
<p style="text-align: center;">Title</p>	<p>A new operating model for adult social care</p>
<p style="text-align: center;">Report of</p>	<p>Dawn Wakeling, Adults and Health Commissioning Director</p>
<p style="text-align: center;">Wards</p>	<p>All</p>
<p style="text-align: center;">Status</p>	<p>Public</p>
<p style="text-align: center;">Urgent</p>	<p>No</p>
<p style="text-align: center;">Key</p>	<p>No</p>
<p style="text-align: center;">Enclosures</p>	<p>Appendix A: Strategic outline case for a future operating model for adult social care</p>
<p style="text-align: center;">Officer contact details</p>	<p>Joanne Humphreys, Project Lead, Commissioning Group joanne.humphreys@barnet.gov.uk; 020 8359 3311</p>

Summary

Adult social care (ASC) services across the country face unprecedented pressures from the need to make budget savings, growing demand and the requirements of the Care Act 2014. In January 2015 the Adults & Safeguarding Committee approved an alternative delivery model project to identify the best way to respond to these challenges. This paper presents the outcome of the first stage of the project: a proposed new operating model for adult social care. Drawing upon best practice from other councils across the country, an innovative new approach to ASC in Barnet has been developed. The new operating model is based on shared responsibility between the state, the community and the person. It encourages people to recognise their strengths and identify the support that their family, friends and the local community can give them. The next stage of the project will be to identify the best alternative delivery model to deliver the new operating model.

Recommendations

- | |
|---|
| 1. Adults and Safeguarding Committee is asked to approve the approach to the proposed new ASC operating model. |
| 2. Adults and Safeguarding Committee is asked to agree the proposed approach to developing an outline business case for an alternative delivery model. |

1. WHY THIS REPORT IS NEEDED

1.1 The Adults and Safeguarding Committee approved its Commissioning Plan 2015-2020 on 20 November 2014, subject to consultation. The overall vision in the Commissioning Plan is to:

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

1.2 The challenges facing adult social care are of such significance that this vision cannot be achieved by tweaking the current model. There is a need for adult social care to transform fundamentally in order to accommodate the growing scale of demand and resulting financial pressure.

1.3 Therefore on 26 January 2015, the Adults and Safeguarding Committee agreed that Barnet’s model for delivering social care needed to be transformed. This paper provides a proposed new ASC operating model (Appendix A) for consideration.

2. REASONS FOR RECOMMENDATIONS

Strategic case for change

2.1 ASC services across the country face unprecedented financial pressures. Councils cannot continue to meet the needs of the most vulnerable adults unless they make significant changes to the way they deliver ASC. In 2014 the Council’s Priorities & Spending Review (PSR) identified options to make

savings and increase income totalling approximately £50.8 million between 2016/17 and 2019/20. £12.6m of savings were allocated to the Adults & Safeguarding Committee, and a further £5.9m has been added, bringing the total to £18.5m.

- 2.2 The Council also needs to address rising demand for ASC services driven by increasing life expectancy and medical advances. Between 2015 and 2025, the population aged 90 or above is projected to rise by 54.5% in Barnet - an additional 1,900 people. There are increasing needs among younger adults too. In Barnet the number of 18-24 year old supported by ASC has increased by 25% in the last four years.
- 2.3 The requirements of the Care Act 2014 introduced new duties for councils from April 2015. Changes that will be implemented in phase two of the Care Act 2014 include introduction of a cap on the costs that people have to pay to meet their eligible needs, and an increase to the means test threshold. These changes were scheduled to take effect in April 2016 but in July 2015 the government announced they would not be introduced until April 2020.
- 2.4 The Council has made a number of changes to ASC services to address these challenges. These changes, which have focused upon improving the efficiency, effectiveness and value for money of ASC services, have helped to deliver savings of £29.4m (2010/11 – 2014/15). However, the Council is approaching the limit of savings that can be achieved through providing services more efficiently. In particular there is very limited scope to further reduce the cost of care services provided by external suppliers.
- 2.5 Therefore the Council needs to find ways to reduce demand for Council-funded ASC services by helping people to stay healthy and well, supporting them to regain their independence after illness or injury, and encouraging them to make greater use of community resources. The Council has a number of projects underway to achieve these aims. The proposed new operating model will enable a new way of working that will support the development of more ambitious and far-reaching demand management interventions.

Service development principles for a new model of ASC

- 2.6 On 26 January 2015 the Adults and Safeguarding Committee approved a project to develop a new ASC model based on the principles of:
 - Enabling people to regain and maintain their wellbeing so they don't need to call upon ASC services. Where people do need ASC support, the Council helps them remain in their own community and home for as long as possible.
 - For all people who use ASC, intervening at a much earlier stage and in a different way.

- Maintaining or improving the Council's ability to meet its statutory ASC duties and keep the most vulnerable adults and older people safe.

2.7 The Committee also agreed that the project would consider the full range of alternative delivery models:

- Reforming and delivering the service in-house.
- Extending the services provided through the Council's Local Authority Trading Company, Your Choice Barnet.
- Bringing in specialists from other organisations (including the private sector) to support development of a new internal culture and ways of working.
- Sharing services with public sector partner(s) such as other London boroughs or local NHS organisations.
- Establishing a social enterprise or employee-led mutual organisation.
- Creating a partnership or joint venture with a third party supplier.
- Outsourcing to a third party supplier.

The proposed new ASC operating model for Barnet

2.8 The proposed operating model (Appendix A) follows the ASC service development principles and characteristics agreed by the Adults and Safeguarding Committee in January 2015. It combines emerging best practice from local authorities across the country with new projects already being implemented by the Council. It takes account of the diversity of ASC service users and carers.

2.9 The operating model is based on a vision of shared responsibility between the state, the community and the person. It recognises that the role of ASC is to support people's independence and ability to be part of their communities for as long as possible. The model proposes changes to what ASC practitioners do (their processes) and to how they do it (their team and organisational culture and their working practices).

Cultural change

2.10 ASC practitioners will be asked to take a different approach to their work and apply new ways of thinking, new skills and new behaviours. Strong staff teams will support and motivate practitioners to persevere as they learn to work in different and often more challenging ways. Team leaders will need to inspire their teams to embrace the new way of working and coach them in supervisions and team meetings to develop new skills and practices.

- 2.11 The wider organisational culture will need to support the development of a culture based on trust, professional autonomy and positive risk taking. This will require the Council to take a “hands off” approach supported by rigorous monitoring of outcomes and continual review and refinement of the model.
- 2.12 The culture of how the Council interacts with community and voluntary organisations will also need to change. Community partner organisations will need to be closely involved in the process of designing and implementing a new form of partnership working that is based on trust and transparency. The Council will also look to involve individual volunteers from local communities in the development and delivery of the new operating model.
- 2.13 The success of the new operating model also depends upon the willingness of residents and service users to re-think their expectations and interact with the Council in a different way.

Process change

- 2.14 The new operating model will place much greater emphasis upon services that keep people as healthy and well as possible for as long as possible. These preventative interventions will target a range of different groups with differing levels of need.
- 2.15 ASC online services will be improved as part of the delivery of the Council’s Customer Access Strategy. Giving residents 24/7 access to a wider range of information will enable the Social Care Direct team (this team is the first point of contact for people with enquiries about ASC and potential new service users) to focus more time on telephone queries received from residents with complex needs, accessibility issues or in vulnerable situations.
- 2.16 Emerging digital technology and innovation such as interactive online services and telecare and telehealth services will be used to deliver savings and service improvements across ASC.
- 2.17 People whose ASC enquiries cannot be answered over the telephone but who do not necessarily need a home visit will be invited to attend an appointment at a community hub, staffed by ASC workers and supported by voluntary organisations and other agencies. Based upon best practice research, an estimated three-quarters of people attending a community hub appointment could have their problems resolved through information and advice and/or signposting to community and voluntary groups, at no cost and without needing a full statutory ASC needs assessment. The next stage of this project will include a pilot of community hubs to test and improve the approach.

How the proposed new operating model addresses the ASC challenge

- 2.18 The proposed new operating model will deliver an improved experience for people using the service. Productivity improvements arising from offering hub appointments instead of home visits (for those people able to travel to a hub) would mean more people could be seen every week and this would enable the Council to offer appointments within much shorter timescales. A more personalised service will deliver a seamless response that reflects what each person wants to achieve and what is important to them in living a good life. Practitioners will be well-informed about community resources and universal services, so they can help people achieve the outcomes they want in ways that strengthen their connections with their communities.
- 2.19 It is anticipated that staff satisfaction will improve as practitioners feel motivated and enthused by being able to give residents and service users a more responsive and personalised service. Staff will be given more day-to-day decision making powers and greater autonomy to exercise their professional judgment.
- 2.20 The proposed new operating model will support the Council projects already underway that aim to reduce the need for Council-funded support by helping people to stay healthy and well and encouraging greater use of community resources and universal services. In Shropshire County Council (one of the best practice case studies), 7% of people who contact the Council with an ASC enquiry need to receive a Council-funded care and support package, compared to 20% of people contacting Barnet Council with an ASC enquiry.
- 2.21 This project needs to realise savings of £1.96m set out in the Council's medium term financial strategy (MTFS). It also needs to support the achievement of other MTFS savings based on reducing need for Council-funded services. The next phase of work and the subsequent business case to be presented to Committee will consider the extent to which each of the alternative delivery model options can deliver the proposed new operating model in a way that realises the required savings.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The current adult social care model is based on assessing eligible needs and arranging care and support to meet those needs. In order for the Council to deliver a sustainable adult social care model into the future, given demographic pressures, borough growth, legislative change and austerity the Council must consider how it can both reduce the cost of care and at the same time reduce the future demand for care.
- 3.2 The Council could continue to provide social care through the current model. However over time this would lead to a situation of increasing risk, both

financial and in terms of safety, as unit costs of care were driven lower and risk of considerable overspend increased. The current model is also not geared up to deliver preventative responses that will help keep people healthy and well and reduce demand in the longer term. Therefore the current model will not in the long term achieve the outcomes in the Commissioning Plan and so would not be consistent with the Council's strategy.

4. POST DECISION IMPLEMENTATION

4.1 Developing the new operating model is the first stage of this project. The second stage is to identify the best alternative delivery model to deliver it. An outline business case will be presented to the Adults and Safeguarding Committee in early 2016 that sets out an appraisal of the alternative delivery model options (as listed in paragraph 2.7).

4.2 The outline business case will be informed by:

- Work to develop the new operating model in greater detail, including a pilot of community hubs.
- Engagement with incumbent suppliers to identify which elements of the new operating model could be implemented within the terms of current service contracts.
- Market engagement with potential partners and providers to test the appetite and capability of the market to deliver the new operating model.
- Market research into organisational forms and structures (e.g. charities limited by guarantee, social enterprises such as Community Interest Companies), especially those delivering statutory services.
- Engagement with residents, service users and staff to further shape and refine the new operating model, and agree evaluation criteria for the alternative delivery model so that the diversity of Adults and Communities service users and carers and their needs are fully taken into account.

5. IMPLICATIONS OF DECISION

Corporate Priorities and Performance

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

- To make a step change in the Council's approach to early intervention and prevention as a means of managing demand for services.

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

5.2 This approach is consistent with the Joint Health and Wellbeing Strategy 2016-2020 (subject to consultation from 22 September to 25 October 2015 and to be agreed by the Health and Wellbeing Board on 12 November 2015) which sets out a vision that includes continuing emphasis on prevention and early intervention; developing greater community capacity; increasing individual responsibility and building resilience.

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

5.3 Approximately 92% of the Council's total ASC budget (including staffing costs, supplies and services, payments to external suppliers and client contributions) is used to provide care and support for people with eligible social care needs. The new operating model requires, over time, a significant shift of resources away from care and support services once someone already has social care needs and towards services that help to keep people as healthy and well as possible for as long as possible.

5.4 The proposed new operating model will support the Adults and Safeguarding Committee to deliver its savings target of £18.5m by developing an environment in which ambitious and far-reaching demand management interventions can be implemented at scale and pace.

5.5 Within this overall target the new operating model is also required to realise savings of £1.96m (£654,000 per annum in 2017/18, 2018/19 and 2019/20).

Legal and Constitutional References

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

- Promoting the best possible adult social care services.
- Working with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare, and promote the Health and Well-being Strategy and its associated sub strategies.

- Ensuring the Council's safeguarding responsibilities are taken into account.
- 5.7 The Care Act 2014 permits increased flexibility to Councils to delegate services and responsibilities to other parties, in comparison with previous legislation. This is contained in section 79 of the Act. Subsection 2, section 79 specifically excludes the following: promoting integration with Health; co-operation; charges; safeguarding adults at risk; and powers contained within section 79.
- 5.8 When making decisions around service delivery, the Council must consider its public law duties. This includes its public sector equality duties and consultation requirements as well as specific duties in relation to adult social care.

Risk Management

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

Equalities and Diversity

- 5.10 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
 - Advance equality of opportunity between people from different groups.
 - Foster good relations between people from different groups.
- 5.11 The protected characteristics are:
- Age
 - Disability
 - Gender reassignment
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation
- 5.12 The broad purpose of this duty is to integrate considerations of equality into day to day business and to keep them under review in decision making, the design of policies and the delivery of services.
- 5.13 An initial Equality Impact Assessment has been carried out on the proposed new operating model and is included in the appendix to this paper. This is

currently showing as 'impact unknown' for staff and 'no impact anticipated' for residents and service users.

- 5.14 As detailed proposals for an alternative delivery model are developed, they will be subject to a full Equality Impact Assessment.

Consultation and Engagement

- 5.15 Both the Adults and Safeguarding Commissioning Plan and the Council's plans for implementing the Care Act 2014 were subject to public consultation.
- 5.16 The proposed new operating model will be shaped and refined through engagement with residents, service users, partner organisations and Council staff. This process has already been started through meetings with service users, representatives from voluntary and community groups, and staff from the Adults & Communities Delivery Unit, which have taken place from August 2015 to date.
- 5.17 The proposed new operating model and alternative delivery model will be subject to consultation with residents, service users and staff in 2016.

6. BACKGROUND PAPERS

- 6.1 The Adults and Safeguarding Committee approved its [Commissioning Plan](#) on 20 November 2014, subject to consultation.
- 6.2 On 26 January 2015 the Adults and Safeguarding Committee approved initiation of [a project to identify an alternative delivery model for ASC](#).
- 6.3 The Adults and Safeguarding Committee approved the final version of its [Commissioning Plan](#) on 19 March 2015.

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Strategic Outline Case

Future operating model for adult social care

Author	Joanne Humphreys, Project Lead, Commissioning Group
Consultant	Jenny Pitts, National Development Team for inclusion
Date	3 November 2015
Service / Dept	Commissioning Group

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1. Executive summary

Adult social care (ASC) services across the country are facing unprecedented pressures from the need to make budget savings, combined with growing demand, the requirements of the Care Act 2014 and rising expectations of service users. To address these challenges, the Council has focused upon improving the efficiency, effectiveness and value for money of ASC services. These actions have helped to deliver savings of £29.4m (2010/11 – 2014/15). However, the Council is beginning to approach the limit of savings that can be achieved through providing services more efficiently. The Council has therefore started a number of projects that aim to reduce demand for Council-funded ASC services by helping people to stay as healthy and well as possible and encouraging them to make greater use of community resources.

This project will develop a new ASC model to support more far-reaching and ambitious demand management interventions. It will do this in two stages:

1. Developing a new ASC operating model.
2. Identifying the best alternative delivery model (ADM) to deliver the new operating model.

This document presents the output of the first stage of work: a proposed new ASC operating model for Barnet. The new operating model prioritises reform of the ASC services with the greatest potential to keep people well and reduce their need for ASC services in the future. This includes some services provided on behalf of the Council by external suppliers. It draws upon the best features of a number of innovative new ASC approaches that have been implemented by other Councils across the country.

The new operating model is based on shared responsibility between the state, the community and the person. It encourages people to recognise their strengths and identify the support that their family, friends and the local community can give them. People in Barnet will experience a greatly improved ASC service that is more responsive, better joined-up with other agencies and more focused upon helping each individual live and enjoy a “good life”.

Fundamental changes will be made to what ASC practitioners do and, even more importantly, to how they do it. Individual practitioners will be asked to take a different approach to their work and apply new ways of thinking, new skills and new behaviours. They will be given greater autonomy and freedom to apply their professional judgment and develop new, better ways of working. The Council will also work differently with community and voluntary organisations, involving them as equal partners in the design, implementation and delivery of the new operating model.

A number of changes will also be made to the way ASC services are delivered:

- More preventative services will be developed and commissioned, to help keep people as healthy and well as possible for as long as possible.
- ASC online services will be reviewed and improved, to give residents 24/7 access to a wider range of information and services.
- Emerging digital technology and innovation will be used to deliver savings and service improvements across ASC.
- A new approach to assessments will be implemented: people whose query cannot be resolved over the telephone and who are able to travel will be invited to attend an appointment at a community “hub”, staffed by ASC workers and supported by voluntary organisations and other agencies.

The evidence emerging from other Councils that have implemented similar approaches suggests the proposed operating model will improve the experience of people using the service and also drive higher levels of staff satisfaction. There is also emerging evidence that the new operating model will support savings by reducing the number of new Council-funded care and support packages that are needed each year.

The new operating model will require significant change to the composition of the Council’s expenditure on ASC services. Reduced need for Council-funded care and support packages will enable the Council to spend a greater proportion of its ASC budget on preventative services.

The next stage of this project is to identify the best ADM to deliver the new operating model and to deliver this project’s savings target of £1.96m. Further work will be carried out to develop an outline business case for an ASC ADM to be presented to the Adults & Safeguarding Committee in early 2016.

2. Strategic context and the case for change

The scale of the ASC challenge

ASC services across the country are facing unprecedented financial pressures. In June 2015 the Local Government Association calculated that the need for Councils to make budget savings, combined with growing demand and rising costs, would result in a £4.3 billion funding gap by 2020¹. Councils will not be able to continue to meet the needs of the most vulnerable adults unless they make significant changes to the way they deliver ASC services.

The need to find significant financial savings

The economic challenges the UK has faced over the past few years have made a huge impact on organisations across the public, private and voluntary sectors and on citizens up and down the country. Local government is no exception and Councils have needed to take some tough decisions in order to live within their means.

Between 2011 and 2015 the Council has saved £75 million, 26% of its budget. It faces a further budget gap of more than £90 million by the end of the decade to cope with the impact of reduced funding from Government and increasing demand on services driven by population growth and change. This means the Council needs to make some difficult decisions about how it spends its money in the future.

In June 2014 the Council concluded its Priorities & Spending Review (PSR), a 12 month, bottom-up process of analysis, evidence gathering and ideas generation to consider how it could negotiate the financial challenges from 2016/17 to 2019/20. The PSR was based on consultation and engagement with residents, to ensure the Council understands what residents care about; and with a variety of local and national organisations to give the Council access to a wide range of ideas to inform its approach.

Through the PSR process, the Council identified options to make savings and increase income totalling approximately £50.8 million between 2016/17 and 2019/20. £12.6m of savings were allocated to the Adults & Safeguarding Committee. A further £5.9m was added to the savings target in July 2015, bringing the total to £18.5m.

	2016/17	2017/18	2018/19	2019/20	Total
Savings identified	£2.7m	£3.5m	£3.2m	£3.2m	£12.6m
Additional savings to find	£2.4m	£2.6m	£0.9m	-	£5.9m
Total savings target	£5.1m	£6.1m	£4.1m	£3.2m	£18.5m

Growth in demand for ASC services

¹ http://www.local.gov.uk/media-releases/-/journal_content/56/10180/7316530/NEWS.

Across the country rising life expectancies and medical advances are contributing to increased demand for ASC services:

- Increasing life expectancy means the number of people who are eligible to receive ASC services is growing. Barnet's population is expected to increase by 10.6% between 2015 and 2025, to 406,500². The largest proportional increase in population is expected in those aged 65 and over, where a 20.6% increase (additional 10,600 people) is expected by 2025. A particularly dramatic rise in those aged 90 or above is projected: a 54.5% increase (additional 1,900 people) by 2025. Increased life expectancy also drives greater complexity of need as older people are much more likely to have comorbid³ conditions.
- There are increasing needs among younger adults too. In Barnet, the number of 18-24 year olds supported by ASC has increased by 25% in the last four years. Complexity of need among younger adults is also increasing: there has been a 57% increase in residents aged 18-24 in residential care or Supported Living accommodation in the last four years.

Requirements of the Care Act 2014

The Care Act 2014 is the biggest reform of care and support in more than 60 years. The first phase of the Act, implemented in April 2015, introduced new duties for Councils to:

- Provide prevention, information and advice services.
- Provide assessments and support services for carers, equal to those given to service users.
- Provide advice and support planning to people who pay for their own care.
- Follow a national minimum eligibility threshold for both service users and carers.
- Implement a universal system for deferred payments for residential care.

Phase two of the Care Act 2014 will introduce:

- A cap on the costs that people have to pay to meet their eligible needs.
- A "Care Account" giving people with eligible social care needs an annual statement of their progress towards reaching the cap, whether their care is organised by the Council or not.
- Extension of the financial support provided by the Council by raising the means test threshold for people with eligible needs.

These changes were scheduled to take effect in April 2016 but in July 2015 the government announced they would not be introduced until April 2020.

² Greater London Authority (GLA) population projections, 2013.

³ Two or more medical conditions occurring together, for example, diabetes and high blood pressure. Comorbidity is associated with increased complexity of need.

Earlier this year the Council estimated the cost of implementing the full Care Act 2014 in Barnet could be an additional £7.8m per annum⁴.

Rising expectations of service users

Advances in customer services and technology mean people have higher expectations of public services. Residents increasingly expect to:

- Interact with services 24/7 and access information and services through self-service platforms where appropriate.
- Make appointments for face-to-face meetings at the time and location that is most convenient to them.
- Receive a highly personalised service that addresses them as an individual and involves them in decision-making.
- Experience a joined-up service, both across Council departments and between the Council and its partner organisations.

This means many ASC service users, carers and their families will not be content with the Council's current service offer in the future. However, these advances also present opportunities for the Council to use new technologies to meet people's needs more effectively.

How the ASC challenge is being addressed in Barnet

The Council has made a number of changes to address these challenges. These changes have focused upon improving the efficiency, effectiveness and value for money of ASC services. For example:

- Implementing an integrated Social Care Direct service, made up of a first point of contact service, an Urgent Response Team for people who need emergency attention, and an Assessment, Enablement & Review Team to arrange enablement and review support plans.
- Working with Barnet Clinical Commissioning Group (CCG) to develop locally-based teams of health and social care practitioners to support people with long term conditions more effectively.
- Restructuring mental health services to improve the quality and availability of community mental health support, and provide better employment and housing support for people with mental health issues.
- Implementing an integrated learning disabilities service in partnership with the Central London Community Healthcare NHS Trust.

⁴ Adults and Safeguarding Commissioning Plan, 2015 – 2020, Appendix A (19 March 2015).
<http://barnet.moderngov.co.uk/documents/s22061/Adults%20and%20Safeguarding%20Commissioning%20Plan.pdf>

- Planning the introduction of assessment and review hubs (in place of home visits for some service users) and mobile working technology to increase the number of assessments and reviews that each practitioner can carry out.
- Negotiating with care providers to secure the best possible prices and improve the quality of care. For example, the Care Funding Calculator, a national costing tool, has been used to negotiate fees for residential care and Supported Living placements for people with learning disabilities.
- Finding new ways to support people at lower cost, such as telecare (services that use technology to help people live more independently at home) and the Shared Lives scheme, which recruits people who can provide support in their own homes to people who need support and assistance.
- Encouraging more people to take up Direct Payments (cash payments made to people who qualify for social care services from the Council). Direct Payments give people more freedom, choice and control to arrange their own services and support.

These changes have helped to deliver savings of £29.4m (2010/11 – 2014/15). However, the Council is approaching the limit of savings that can be achieved through providing services more efficiently. In particular, there is very limited scope to further reduce the cost of care services provided by external suppliers (which account for more than 80% of the Council's ASC expenditure). The social care market nationally is experiencing market contraction, quality issues and provider failure as a result of reduced funding. The Council, in common with many other local authorities, has already decided to increase investment in its care home contracts in order to address provider related concerns.

There is therefore a need to find ways to reduce demand for Council-funded ASC services by helping people to stay healthy and well, supporting them to regain their independence after illness or injury, and encouraging them to make greater use of community resources as an alternative to Council-funded care and support. The Council has already started a number of projects to achieve these aims, including:

- Improving the short-term enablement service, a time-limited home care service that helps people re-learn to do things for themselves so they can regain their independence.
- Launching "The Network", a service that provides short-term support to people with mental health problems, promoting recovery by helping them to gain and regain skills, participate in community activities and extend their social networks.
- Developing the Community Offer team, a social work and occupational therapy support service to help people live independently in their own homes.

For example, giving more people an occupational therapy assessment to see what aids and adaptations could help them in their home.

- Reviewing the care and support packages provided to individuals to identify whether there are any community-provided alternatives to their current Council-funded services.
- Implementing a Move On team to review the care packages of adults with learning disabilities living outside of the borough. Where possible people are assisted to move back to Barnet and find accommodation that enables them to live as independently as possible.
- Improving the quality and accessibility of ASC information and advice on the Council's website.
- Reviewing and re-tendering the Council's carer support services, to provide carers with better support.

This project builds upon these projects by developing a new way of working that supports more ambitious and far-reaching demand management interventions, at the fast pace that is needed to reform ASC services in Barnet to 2020 and beyond.

How this project will address the ASC challenge

In January 2015 the Adults & Safeguarding Committee approved a project to develop a new ASC model⁵, based on the principles of:

1. Enabling people to regain and maintain their wellbeing so they don't need to call upon ASC services. Where people do need ASC support, the Council helps them remain in their own community and home for as long as possible.
2. For all people who use ASC, intervening at a much earlier stage and in a different way.
3. Maintaining or improving the Council's ability to meet its statutory ASC duties and keep the most vulnerable adults and older people safe.

The January 2015 paper described the characteristics that any model would need in order to meet these principles. It would:

- Change the pattern of demand through a focus on very early intervention and prevention. This requires a significant shift from the current model that focuses resources on assessment once someone has social care needs.
- Introduce new processes that reduce duplication of effort and increase use of technology, mobile working and self-service. In practice this means making it easier for residents to assess their own requirements and obtain information and advice.

⁵ The Implications of the Commissioning Plan and The Care Act 2014 for Adult Social Care in Barnet (26 January 2015). <https://barnet.moderngov.co.uk/documents/s20572/AS%20committee%20ADM%20report%20011v10.pdf>

- Draw upon services, information and advice offered by the voluntary sector and local health services.
- Deliver assessment and support planning that focuses on people's strengths and what they can do for themselves, and draws upon the support from their families and local communities.
- Produce innovative care plans that include non-traditional support such as technology to help with everyday living.

These characteristics are aligned closely to the core principles of the Council's Corporate Plan 2015-2020⁶:

1. **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. As part of this principle the Council is shifting its approach to earlier intervention and demand management. Finding better ways to keep people healthy and prevent them from needing to use ASC services is the first principle of this project.
2. **Responsibility.** The Council is changing its relationships with residents and in certain circumstances asking them to take on more personal and community responsibility. The service characteristics propose assessment and support planning will focus on people's strengths and what they can do for themselves, drawing upon support from families and local communities.
3. **Opportunity.** The Council is redesigning services and delivering them through a range of models and providers. It will work with providers from across the public, private and voluntary sectors to provide better, more effective services. The service characteristics propose to find new ways to draw upon the services and expertise of community and voluntary sector organisations.

The Committee also agreed this work would consider the full range of alternative delivery models (ADMs):

- Reforming and delivering the service in-house.
- Extending the services provided through the Council's Local Authority Trading Company, Your Choice Barnet.
- Bringing in specialists from other organisations (including the private sector) to support development of a new internal culture and ways of working.
- Sharing services with public sector partner(s) such as other London boroughs or local NHS organisations.

⁶ <https://www.barnet.gov.uk/citizen-home/council-and-democracy/policy-and-performance/corporate-plan-and-performance.html>

- Establishing a social enterprise or employee-led mutual organisation.
- Creating a partnership or joint venture with a third party supplier.
- Outsourcing to a third party supplier.

3. Project definition

Project objectives

The objectives of this project are to:

1. Develop a new ASC operating model, building upon the principles and characteristics agreed by the Committee in January 2015.
2. Identify the best ADM to deliver the new operating model, applying lessons learned from the Council's previous work on ADMs.

This project needs to realise savings of £1.96m⁷ set out in the Council's medium term financial strategy (MTFS). It also needs to support the achievement of other MTFS savings based on reducing need for Council-funded services.

The ADM will be the vehicle through which the new operating model is delivered. Therefore the operating model needs to be developed before any work can start to consider which ADM would be the best way to deliver it.

This document presents the findings from the first phase of work, developing a new operating model. The operating model is described in "ADM-neutral" terms, making no presumptions about which ADM option(s) may be preferred in the future.

Project scope

The new operating model will prioritise reform of the ASC services with the greatest potential to keep people well and reduce their need for ASC services in the future:

- Preventative services: supporting the health and wellbeing of people who do not have social care needs.
- First point of contact services, including Social Care Direct and the service responding to referrals from hospitals.
- Provision of information, advice, and signposting to other services.
- Assessments of social care need, financial assessments and home adaptation assessments.
- Short term enablement support to help people return to full independence after illness or injury.
- Planning and arranging support for people with eligible social care needs.
- Reviewing Council-funded support to check a person's package of care is still appropriate and providing the right level of assistance.

Most of these services are delivered by the Council's Adults and Communities Delivery Unit but some are provided by external suppliers, including Capita (Social

⁷ £654,000 per annum in 2017/18, 2018/19 and 2019/20.

Care Direct), Housing & Care 21 (enablement services) and Barnet Centre for Independent Living (planning and arranging support). The Council also has a Commissioning Group that is responsible for planning how to meet Barnet's overall ASC needs in the medium-to-long term and commissioning high quality and effective services to meet those needs. Each of these teams and organisations will need to work differently in order to deliver the changes set out in this document.

The full scope of the final ADM will be decided at a later date, informed by consideration of which services it makes most sense to bring together. This means the scope of the ADM is likely to extend beyond the priority services for reform. For example, ongoing support from social workers for people with the most complex needs is not a service that this project will focus upon. However, most of the practitioners providing this support will also carry out assessments and reviews (which are priorities for this project). Therefore, from an operational perspective it may be appropriate to include professional support within the scope of the ADM. There may also be a case for some priority service areas, such as Social Care Direct, to be reformed but excluded from the ADM scope.

Appendix A explains how ASC services are delivered in Barnet and provides some key facts and figures about the service and the people who use it.

All service user groups are included in the project scope:

- Adults with a learning disability
- Adults with mental health needs
- Adults with a physical disability or sensory impairment
- Older people
- Carers

The Care Act 2014 gives Councils the ability to delegate statutory ASC functions in relation to assessment and care management (although Councils cannot delegate ASC statutory duties). As part of the second phase of this project the project board will take legal advice to ascertain which specific support functions and related activities could be delegated under each ADM option.

Public health and housing services fall outside of this project scope but both have a crucial role to play in supporting people to stay as healthy and well as possible. This role is reflected in their Commissioning Plans for 2015 - 2020:

- Housing: Barnet will deliver homes that meet the needs of vulnerable groups through its growth and regeneration programmes, including wheelchair accessible housing, new integrated specialist housing including extra care, and supported housing for people with mental health needs⁸.

⁸ Housing Committee Commissioning Plan 2015 – 2020.
<https://barnet.moderngov.co.uk/documents/s18647/Appendix%20C%20-%20Housing%20Committee%20Commissioning%20Plan%2017-10-14.pdf>

- Public health priorities include⁹:
 - Encouraging people to maximise their capabilities and have control over their lives through support such as smoking cessation and weight management services, and ensuring people are well-connected to their communities and take part in activities that they are interested in and which keep them well.
 - Creating fair employment and good work for all, which helps ensure a healthy standard of living for all. Residents with mental health problems will be supported to retain or return to employment.
 - Creating and developing healthy and sustainable places and communities. This includes reducing social isolation, especially among older people; giving people more opportunities for volunteering; and ensuring the range of green spaces and leisure facilities in Barnet are used more extensively.

⁹ Public Health Commissioning Plan 2015 – 2020.

<http://barnet.moderngov.co.uk/documents/s21912/Appendix%201%20Public%20Health%20Commissioning%20Plan%20v8.pdf>

4. Project methodology

A baseline profile of the ASC service was developed, bringing together information including current and historic numbers of service users; average costs of care packages and level of use of different types of care and support. Demographic projections were used to forecast how the level of demand for ASC services could increase over the next decade and beyond. A summary of this data is presented in Appendix A.

This baseline informed a prioritisation exercise in which the project board applied the project's service development principles (listed on p8) across all the different ASC services and service user groups to identify priority service areas for the project (listed on p11).

Best practice research was then carried out to find other Councils that have implemented innovative ASC operating models, focusing on the priority service areas identified by the project board. This research identified some new ways of working that were a good fit with the Council's ASC service development principles and characteristics. The main findings from this work are presented in section 5.

It was agreed that the project should combine best practice from these other Councils to develop a new ASC operating model for Barnet. The National Development Team for inclusion (NDTi)¹⁰ was commissioned to support the project team to develop this new model. NDTi is supporting a number of Councils (including Calderdale, Wakefield, Somerset and Denbighshire) to develop new ASC models.

To inform and shape this work, NDTi ran two workshops with Barnet service users and voluntary group representatives, and held a number of follow-up meetings with voluntary and community groups¹¹. NDTi also met with staff from a range of teams across the Adults & Communities Delivery Unit. The proposed operating model and a summary of the benefits it would deliver are presented in sections 6 and 7.

The final part of this document (section 8) sets out proposed next steps for progressing to the second objective of this project: identifying the best ADM to deliver the new operating model.

¹⁰ NDTi is a not-for-profit organisation which works to promote inclusive lives for people who are most at risk of exclusion and who may need support to lead a full life. Its clients include central government departments, local authorities, NHS organisations and voluntary and independent sector organisations. An important focus of NDTi's work is to promote community and citizen-based ways forward.

¹¹ Barnet Centre for Independent Living; Barnet Learning Disabilities Parliament; Barnet Seniors' Assembly; Richmond Fellowship; Stroke Association.

5. Findings from best practice research

A number of Councils have begun to apply innovative ASC models that focus upon prevention, early intervention, introducing a new type of relationship between the Council and service users, and making more use of non-traditional support methods and community resources.

The Department of Health's Social Work Practices with Adults pilot scheme established seven pilot sites¹² in 2011-2013 that followed these principles. Most of these pilots operated and continue to operate on a very small scale. For example, the London Borough of Lambeth's TOPAZ service is run by a team of five. It contacts people already assessed by the Council as having low-to-moderate social care needs (therefore not eligible to receive Council-funded services) and provides information and advice and signposts people to community services that can help them. Other pilot sites have focused upon innovative approaches for specific service user groups, for example:

- Stoke-on-Trent City Council concentrated on building long-term relationships with people with specific neurological conditions.
- Suffolk County Council provided early intervention and longer term support to help people with sensory impairment maintain their independence.

Another pilot, People2People (P2P), started with eight social workers in one Shropshire locality (Shrewsbury) in 2012, growing to 66 staff in 2013 and in 2014 to approximately 120 staff and responsibility for all adult community social work in the county¹³. P2P's operating model focuses on cultural change to give staff greater professional autonomy and empower people to take responsibility for improving their lives. Partnership working with local community and voluntary sector organisations is a key part of this operating model.

Focus in North East Lincolnshire was the only one of the pilot sites that took responsibility for all professional social work at its inception. ASC services moved from the local authority to a NHS care trust in 2011, and professional social work was then delegated to Focus (a social enterprise) in 2013. Focus' services are commissioned and funded by the local Clinical Commissioning Group. Like P2P, Focus recognises the value of empowering practitioners to exercise their professional judgment. Practitioners aim to uncover people's strengths and resources and work with them to identify how they can apply those strengths and resources to addressing their problems and challenges.

¹² At the end of the pilot period, two pilots were terminated and five were extended and are still operational.

¹³ Adult safeguarding, mental health and hospital social work remain under the control of Shropshire County Council.

Outside of the Department of Health's pilot scheme, in July 2015 Northamptonshire County Council completed its first phase of consultation on a wellbeing service that would be delivered in partnership with Northamptonshire Healthcare Foundation Trust and the University of Northampton. The service would offer "holistic assessments" that consider a person's physical wellbeing, mental wellbeing, social wellbeing and economic wellbeing. Assessments could be conducted online, by telephone, or face-to-face at a number of venues including GP surgeries, community facilities, leisure centres and libraries.

In Swindon, SEQOL brings together health and social care services to deliver what a person needs in order to live a meaningful and enjoyable life, rather than addressing "health needs" and "social care needs". This approach has been particularly successful in SEQOL's rehabilitation and reablement service, where in 2013/14 84% of people who used the service did not need care services afterwards, compared to the national average of 58%.

Although this document does not consider the merits of different ADMs it is notable that all of the examples described above have been established as social enterprises. Both P2P and Focus have pointed to their "separation" from their respective Councils as a key success factor in creating a new culture that empowers staff to work creatively and enables strong working relationships to be developed with community and voluntary sector organisations.

These operating models are very new and are being continually refined as practitioners develop their working practices. Nonetheless evidence is emerging that these approaches are starting to make a significant impact on service user satisfaction, staff satisfaction and productivity and expenditure on Council-funded care and support. This evidence is outlined in section 7 of this document.

6. A new ASC operating model for Barnet

The vision

The new operating model is based on shared responsibility between the state, the community and the person. It encourages people to recognise their strengths and identify the support that their family, friends and the local community can give them.

Some fundamental principles underpin the new model:

- The role of ASC is to support people's independence and ability to be part of their communities for as long as possible.
- Support is more effective when the community and voluntary sectors share a vision and work in a very joined-up way with the Council.
- Services should enable the person and/or their family to remain in control of their support and to share responsibility whenever possible.
- ASC practitioners should work in a joined-up way with local people, community organisations and other agencies, making maximum use of everyone's skills and expertise.
- Staff teams need to have autonomy to work flexibly and creatively and to be involved in determining and refining local practice and partnerships.
- Practitioners' professional judgment and autonomy should be nurtured, and decision-making should be swift and responsive.
- The Council needs to be prepared to "let go" of its control over some parts of service delivery, and work with community and voluntary organisations as equal partners.
- Recording and decision making procedures should be proportionate and maximise the time practitioners have available to help people directly.

Customer experience

The new operating model will deliver a greatly improved ASC service for people in Barnet. They will experience a service that is:

Responsive. People who contact Social Care Direct should have their issue resolved straight away or be put in touch with other organisations that can help them, or offered an appointment at a community "hub" to take place within two weeks. They will be asked which hub they would like to attend, receive directions and a follow-up letter confirming the details and what to expect. If a person needs a home visit this should also be arranged within a maximum of four weeks depending on their situation.

Seamless. People who need ASC support should get the same response and support if they approach their local voluntary organisation or attend any community hub. If they are already supported by or known to a voluntary organisation that support should continue even if a person goes on to receive Council-provided services.

Joined up with other agencies. If someone has a health condition, is a tenant of social housing, needs support to live a healthier lifestyle, has a carer who may need support, requires supported employment etc., they should experience a joined-up response and, with their consent, be put in touch with those other agencies or be able to talk to them when they visit a hub.

Effective. People should be able to have a conversation with someone who uses language they understand, is interested in knowing what is important to them in living a good life, and can agree with them a plan which the person may take some responsibility to implement. They may also be able to talk to someone who has experienced the service themselves and can relate to their situation and provide additional information and guidance. They should leave the session feeling informed, listened to, satisfied with the outcome and feeling that it has been a worthwhile experience.

Focused on continual improvement. People should feel their views of the service count and they are listened to if they can think of ways it could be improved. Even if they have had one telephone conversation they should be asked within a few weeks whether this successfully resolved the issue for them. If they have been to a hub or had a home visit they should be able to feedback their views (verbally or in writing) as to whether they felt they received a good service.

Appendix B provides some “customer journeys” to show the kind of customer experiences and outcomes the new operating model would deliver. These are based upon real-life examples from the P2P service in Shropshire.

How would it work?

The new operating model changes **what** ASC practitioners do (their processes) and, even more importantly, changes **how** they do it (their culture and working practices).

Cultural change

Cultural change will be required at practitioner, team and organisational level, and to the way the Council interacts with community and voluntary sector organisations.

Individual practitioners

Practitioners must be able to listen and understand what is important to each person in terms of their wellbeing and quality of life. They need to be able to use what they learn about each person to find creative and enabling solutions to their challenges.

Practitioners will be asked to take a different approach to their work and apply new ways of thinking, new skills and new behaviours. These expectations mirror the principles of the Council's People and Organisational Development Strategy (currently under development), which reflects the concept of the 21st Century Public Servant¹⁴. As public sector reform continues, people working in the public sector need a broad range of abilities that go beyond the skills and knowledge associated with their specific technical competence. The type of skills ASC staff are most likely to need are those of:

- **'Resource weaver'**: making creative use of existing resources and universal services to generate new and useful forms of support for people.
- **'Broker'**: brokering agreements across sectors on behalf of individuals, that give them the services they need and ensure best value services.
- **'Networker'**: building relationships and connections across sectors, which requires soft skills of facilitation, empathy, analysis and creativity.

Over time the Council will develop its own terms to describe these groups of skills.

One ASC organisation that has successfully applied this approach is Salvere, a social enterprise in north west England providing support planning and assistance for people who receive Direct Payments. Salvere uses values-based recruitment to recruit staff whose personal values and behaviours reflect Salvere's organisational values. These staff come from a wide range of backgrounds, not always with previous ASC experience.

To support cultural change, practitioners will need to practice new skills, receive feedback and continually develop their confidence and ability through peer support and supervision. This way of working will also require staff to be able to develop outcomes-based (and often time limited) support plans, and to manage people's expectations through clear and positive messages.

Working outside silos based on age or diagnosis means all practitioners will require a broad minimum level of knowledge, regardless of their original specialism. The knowledge areas would be developed with staff and would include areas such as understanding learning disability, mental health (including dementia) and sensory impairment.

¹⁴ Research carried out by the University of Birmingham and Birmingham City Council. It builds on the findings of the 2011 University of Birmingham Policy Commission into the "Future of Local Public Services" which identified the need to pay attention to the changing roles undertaken by public servants and the associated support and development needs. <http://www.birmingham.ac.uk/Documents/college-social-sciences/public-service-academy/21-century-report-28-10-14.pdf>

ASC teams

Strong staff teams will support and motivate practitioners to persevere as the new culture develops. Team members will support each other as they learn new skills and ways of working.

Maintaining motivation within teams as they learn to work in different and often more challenging ways also requires strong leadership. Team leaders will need to inspire their teams to embrace the new way of working and coach them in supervisions and team meetings to develop new skills and practices. Team leaders in turn will need to be supported through peer mentoring, coaching and other forms of support.

At Focus, development of a new team culture has been supported by:

- Involving staff closely in shaping the founding principles of the service, so they believe in those principles, and are therefore more able and motivated to put them into practice.
- A very flat organisational structure (only one management layer between the Managing Director and the front line) in which practitioners have the support they need but also feel trusted to make their own professional judgments.
- Investment in excellent data systems that make accurate and timely management information available to all staff to inform their decision making. This means instead of passing decisions up the hierarchy, practitioners are empowered to take their own decisions supported by a robust evidence base.

The wider organisational culture needs to support the development of a culture based on trust, professional autonomy and positive risk taking. This culture will require the Council to take a 'hands off' approach supported by rigorous monitoring of outcomes and continual review and refinement of the model. The Council will need to accept it is not possible to identify the 'perfect model' straight away and that the only way to get it right is through continual testing, exploration and learning.

Working with partner organisations

The culture of how the Council interacts with community and voluntary organisations will also need to change. Councils are often seen as the key decision maker as they control the funds and often make decisions unilaterally. This does not foster a culture of collaboration.

The Council will need to act differently in order to motivate the voluntary sector to work with it. The success of this approach will require real partnership working based on trust and transparency. The Council will need to consider how it can engage with the sector to:

- Work collaboratively to support people to remain independent. The Council will need to be prepared to "let go" of its control over certain key processes.

For example in some cases it may be appropriate for the Council to ask a voluntary organisation to carry out a needs assessment on its behalf.

- Commission and reshape provision where needed.
- Join up processes on the ground and build on the trust and community knowledge that the many excellent voluntary and community services currently operating in Barnet have.

The Council also needs to be prepared to take a low profile in terms of the branding and 'ownership' of the new approach. To realise the benefits of the new approach it must be designed, implemented and owned by all community partners.

The Council has already started a piece of work to identify and map the community and voluntary sector organisations currently operating in Barnet. This work, scheduled for completion in spring 2016, will produce a searchable online database of services that residents can access directly, and will also support improved engagement and collaboration with the sector by the Council.

The Council will also look to emulate the successes of other local authorities in involving individual volunteers in their operating model:

- Activ8 in Birmingham (one of the Department of Health pilots) convened a regular meeting of a peer group of people with physical disabilities. The group was chaired by a volunteer service user. Members discussed their personal social care issues and provided support to each other based on their own experiences.
- SEQOL has developed a network of over 80 volunteers "organically". Many of these are people who have had some previous contact with ASC services – for example a man who suffered a stroke now volunteers with the stroke service.
- P2P has peer supporters (volunteers who are service users or carers) who help people to write their own assessments and support plans, with appropriate supervision from staff.

These volunteers bring a wealth of local knowledge that would be very difficult to access through any other routes. The presence of volunteers who are service users and carers also raises the aspirations and expectations of people attending an appointment about what they can achieve.

Residents and service users

The success of the new operating model also depends upon the willingness of residents and service users to re-think their expectations and interact with the Council in a different way. This approach will only work if people are prepared to be

active partners in this different process and take more responsibility for improving their own lives.

Process change – prevention

The new operating model will place much greater emphasis upon services that keep people as healthy and well as possible for as long as possible. These preventative interventions will target different groups with differing levels of need:

- People with little or no particular social care needs or symptoms of illness will be encouraged to take actions to help them maintain their independence and good health. For example, exploring local volunteering opportunities through which they can be more closely involved in their local community, lead a more active lifestyle and make new friends.
- People who are at risk of developing social care needs will be identified and then supported to live safely and in a way that halts or slows down any deterioration. For example, sharing information with Barnet Homes to identify older people and people with chronic illnesses who could benefit from additional support.
- People with complex social care needs who are at risk of needing further or more intensive services will receive support to minimise their deterioration. For example, working with residential care providers to support people in residential care to remain as active as possible through therapeutic and leisure activities.

A range of preventative interventions will be developed and tested over time, building upon the initiatives that the Council has implemented to date.

Process change – information and advice

ASC online information services will be improved as part of the delivery of the Council's Customer Access Strategy¹⁵. The improvements are likely to include:

- Making a greater volume of relevant and high quality information available through Social Care Connect (an online directory of ASC information).
- Improving Social Care Connect to make information easier to find, especially for older people and people with disabilities.
- Providing more information and signposting about other services provided by organisations such as the NHS and community and voluntary organisations.
- Finding new ways to interact with residents, such as instant messaging services, Skype (video chat) and social media platforms, whilst also working to address the needs of those who find it hard to use ICT-based communications.

¹⁵ Due to be presented to the Council's Policy & Resources Committee in December 2015.

These improvements will give residents 24/7 access to a wider range of information and reduce the number of “pure information” queries the Social Care Direct team receives. This will enable Social Care Direct to focus more time on queries from residents with complex needs, accessibility issues or in vulnerable situations.

Beyond information and advice, the new operating model will use emerging digital technology and innovation to deliver savings and service improvements across ASC:

- Social Care Connect will be extended to provide more interactive online services. For example, enabling people to complete their own assessments online, and allowing people who receive Direct Payments to select and purchase their care through an online marketplace.
- Service users will have improved online access to their own records. For example, an online platform could allow service users to view and edit their own support plans, and share their support plans with family members.
- More care packages will include telecare and telehealth services, that enable older people and people with long-term conditions to live independently in their own homes.
- More use will be made of data to support the planning, delivery and monitoring of services. One example of this approach is the Nuffield Trust’s report on use of health and social care services by people with cancer¹⁶. This study showed how data from multiple sources can inform better local planning of services for people with cancer.

Process change – assessment and support planning

A key feature of the new operating model is a new way of responding to people whose issue cannot be resolved by Social Care Direct and who require more than a telephone conversation but do not necessarily need a home visit. These people would be invited to attend an appointment at a community hub, staffed by ASC workers and supported by voluntary organisations and other agencies.

Other Councils have implemented hubs in a wide range of different venues:

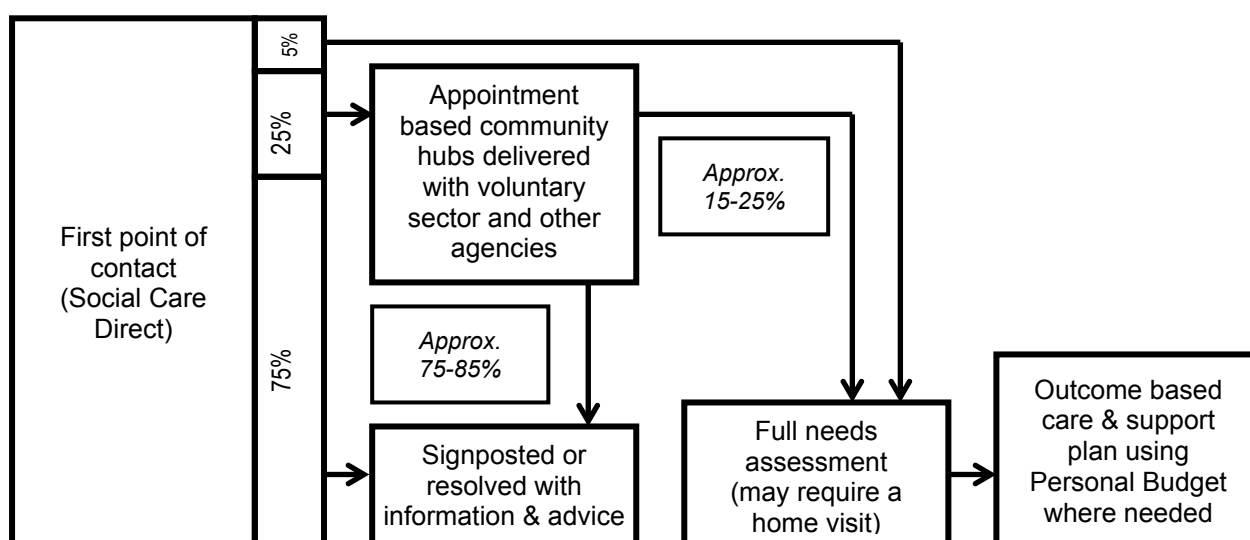
- The TOPAZ service holds community “surgeries” in residential homes, schools, places of worship and local parks.
- Focus provides advice, information and signposting across a number of local hospitals, primary care centres and supermarket car parks.
- P2P has hosted “Let’s Talk Local” hubs in community centres, vacant shop premises and Council-operated day centres.

These Councils have found that community hubs work best in venues that are easily accessible by public transport and provide a welcoming atmosphere. Venues that

¹⁶ <http://www.nuffieldtrust.org.uk/publications/use-health-and-social-care-people-cancer>

are not obviously identifiable as “Council buildings” can encourage staff and visitors to think more creatively about solutions other than traditional Council-funded care. Asking people to attend a hub appointment, rather than arranging a home visit, can also help to set a positive expectation that the person (and not the Council) is “in the driving seat” and is empowered to take responsibility for their own wellbeing, with advice and support from the Council.

Based upon P2P’s experience in Shropshire, it is estimated that more than three-quarters of the people attending a community hub appointment could have their problems resolved through information and advice and/or signposting to community and voluntary groups, at no cost and without needing a full statutory ASC needs assessment. The following diagram shows how this approach could work in Barnet:



It would also be possible to offer drop-in sessions at the community hubs, that people could attend without making an appointment.

This approach depends upon practitioners acting as creative problem-solvers, with a strong awareness of available community resources, rather than as gatekeepers for a fixed list of Council-funded services (as described in ‘cultural change’, p18).

Community hubs also present an opportunity to share space with community and voluntary groups, local NHS organisations and other Council services such as Housing. For example, Focus runs some sessions from a primary care centre that also houses GP services, dental services, a pharmacy, Children’s Services and the NSPCC. This enables closer partnership working and makes it easier for people to access multiple services in one visit.

The Council's Community Asset Strategy¹⁷ includes an objective to ensure the buildings that the Council owns are used efficiently to support the Council's priorities and create the best possible value for residents. This includes exploring partnership working with other public bodies, and finding opportunities to create community facilities in which groups can share space. In line with this strategy the Council would look to locate ASC community hubs within community buildings, and create facilities that house a range of community and voluntary groups, local NHS organisations and Council services.

The next stage of this project will include a pilot of community hubs to test and improve the approach.

Process change – other ASC services

As outlined on pp6-7, the Adults & Communities Delivery Unit already has a number of projects underway to extend and improve the other priority service areas, including first point of contact services, short term enablement support and the process for regular reviews of Council-funded support. These projects will be informed and shaped by the overarching vision and cultural changes outlined above.

¹⁷ https://engage.barnet.gov.uk/commissioning-group/community-asset-strategy-consultation/user_uploads/community-assets-strategy---june-2015---appendix.pdf-3

7. Potential impact of the new operating model

This section outlines the benefits that the new ASC operating model could deliver for Barnet. These projections are based upon the evidence starting to emerge from Councils that have implemented similar models. The two Councils with the most evidence of impact to-date (North East Lincolnshire and Shropshire) have populations that differ in a number of respects from Barnet's population. This could have an impact upon Barnet's ability to realise the same level of benefits that North East Lincolnshire and Shropshire have started to report. These areas have used Focus (in North East Lincolnshire) and P2P (in Shropshire) as their main method for achieving ASC savings and demand management, whereas Barnet has made savings through a wide range of approaches. This gives different baselines to assess benefits against.

There are also two features of the operating model that make the speed and scale of benefits less certain:

1. The success of this operating model depends heavily upon culture change and the extent to which staff, residents, service users, carers and partner organisations are prepared to embrace it.
2. This operating model will influence demand for Council-funded services but it cannot control it. There will always be uncertainty around how much demand there will be for ASC services in the future, and the number of people who will need and be eligible to receive high-cost services such as residential care.

Those caveats notwithstanding, the benefits realised through this kind of operating model by Councils such as North East Lincolnshire and Shropshire could be achieved in Barnet, although the level of benefits achieved may not be identical, for the reasons set out above.

Improved experience for people using the service

A faster service

In Barnet the average waiting time for a full statutory ASC needs assessment is 28 days (waiting time varies by urgency, so some people receive an assessment more quickly than this and others wait longer). The productivity improvements arising from offering hub appointments instead of home visits would mean more people could be seen every week. This would enable the Council to offer people an appointment within a much shorter timescale. At P2P there is no waiting list for hub appointments. People who contact the service are offered an appointment at the next weekly hub session in their local area (so within one week of their first contact).

The time people wait between receiving an assessment and receiving the support they need would also decrease. In Barnet, as in most local authorities, senior management "panels" meet to approve proposed care and support packages before

they can be put in place. Under the new operating model senior practitioners would have autonomy to approve funding for individual care and support plans (up to a certain level of expenditure) without referral to a panel.

A more personalised and person-centred service

As described in detail on pp17-18, the proposed new operating model will deliver a service that is:

- Joined-up with other agencies, ensuring people receive a seamless response that addresses more than just their “social care” needs.
- Interested in what each person wants to achieve and what is important to them in living a good life.
- Focused on people’s strengths and empowering them to make decisions about the support they need and take actions to improve their own life.
- Well-informed about community resources and universal services, so it can help people achieve the outcomes they want in ways that strengthen their connections with their communities.
- Committed to listening to people’s views of the service and using that feedback to improve the service.

In the 2014/15 Personal Social Services Adult Social Care Survey¹⁸, 68.5% of people in Barnet who use ASC services said that they felt they had control over their daily life. In comparison, 82.4% of service users in North East Lincolnshire and 81.5% of service users in Shropshire felt they had control over their daily life.

Higher levels of staff satisfaction

It is anticipated that the new operating model would also drive higher levels of staff satisfaction, as practitioners feel more motivated and enthused by:

- Being able to give residents and service users a more responsive and personalised service.
- Receiving greater levels of delegated decision making powers and accountability.
- Having more opportunity to exercise their professional judgment rather than operating within narrowly defined processes and procedures.
- Having greater freedom to innovate, both in developing creative care and support plans, and in improving internal processes.
- Reduced bureaucracy and less unnecessary form-filling.

¹⁸ As recorded in the Adult Social Care Outcomes Framework 2014/15 (Health & Social Care Information Centre) <http://www.hscic.gov.uk/catalogue/PUB18657>. Proportion of respondents who answered “I have as much control over my daily life as I want” or “I have adequate control over my daily life”.

Staff in North East Lincolnshire responding to Focus' most recent staff survey (March 2015) reported very high levels of job satisfaction:

- 89% agreed that “my job is valued and important”.
- 86% agreed that “I am supported to learn and develop”.
- 82% agreed that “my views and options are considered”.
- 76% agreed that “I as an individual feel valued”.

In comparison, the most recent survey of Barnet's Adults and Communities teams (Barnet Council Employee Engagement Survey, June 2015) reported an employee “engagement index” (proportion of staff responding positively to a number of statements about their job satisfaction) of 50%.

The evaluation of the Department of Health's Social Work Practices pilot¹⁹ asked staff whether they agreed with a number of statements that reflected the pilots' aims, such as greater staff participation in decision making, encouraging innovative practice and keeping staff turnover low. The evaluation found “significantly higher percentages of pilot staff” agreed or strongly agreed with these statements, compared to the comparison groups. Overall, high levels of staff morale emerged from the survey findings, but the evaluation noted that this was to be expected as all of the staff participating in the pilot did so voluntarily.

Financial savings

The new operating model would support the Council projects already underway (pp6-7) that aim to reduce the need for Council-funded support by helping people to stay healthy and well and encouraging greater use of community resources and universal services.

In 2014/15, the number of older adults in North East Lincolnshire Council placed in Council-funded residential or nursing care was 553 per 100,000 residents aged 65 or over²⁰. In Shropshire this figure was 549 admissions. In comparison, in Barnet there were 623 admissions per 100,000 residents.

In North East Lincolnshire, Focus' operating model is a key part of the Council's plan to realise real recurrent savings in ASC of £9m over the period 2013/14 – 2017/18, a reduction of 17%.

Shropshire has reported significant cost savings across its ASC services, driven by the P2P model in combination with other service improvements. Stephen Chandler, Director of ASC at Shropshire, has said that P2P's approach “reduced Council spend

¹⁹ Evaluation of the Social Work Practices with Adults Pilot, Kings College London (July 2014).
<http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2014/reports/Social-Work-Practices-w-Adults-FINAL-EVALUATION-REPORT-2014.pdf>

²⁰ As recorded in the Adult Social Care Outcomes Framework 2014/15 (Health & Social Care Information Centre)
<http://www.hscic.gov.uk/catalogue/PUB18657>.

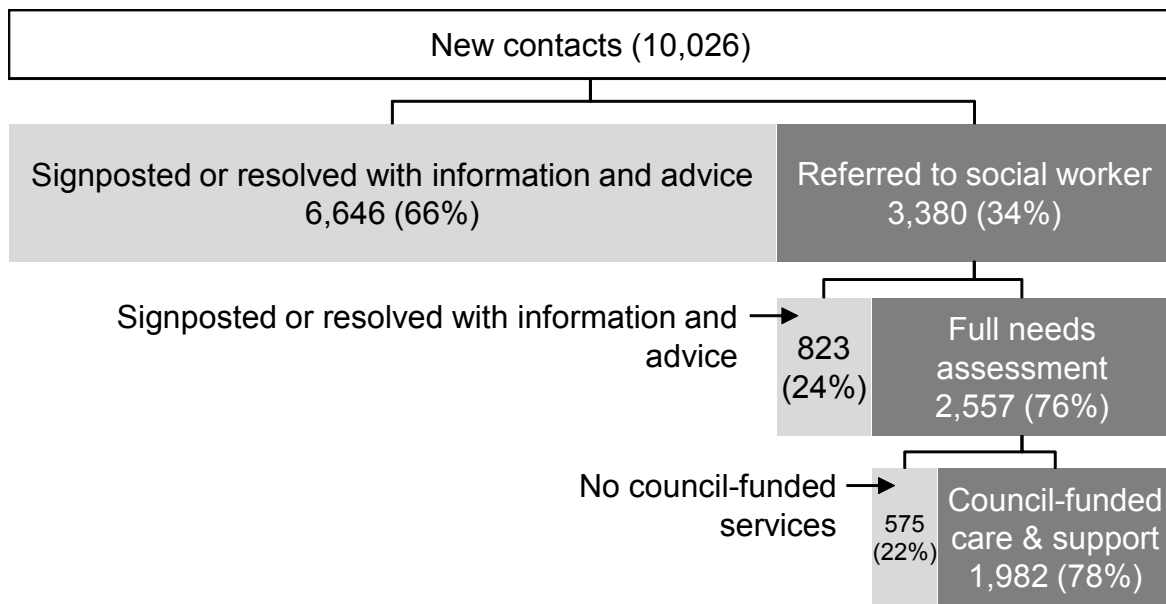
on community care budgets by 25%+” in Shropshire²¹. A nationwide study carried out by the BBC last year showed that Shropshire County Council spent less per person on care for people aged over 65 than any other Council in England²². Within Shropshire the total spend per person aged over 65 reduced from an average of £935 in 2003/04 to £644 in 2013/14.

The following diagram compares the “flow” of people contacting Social Care Direct with ASC enquiries in 2104/15 to the flow that has been achieved in Shropshire.

²¹ <http://adass.org.uk/evidence-of-better-outcomes-for-less-money> (April 2014).

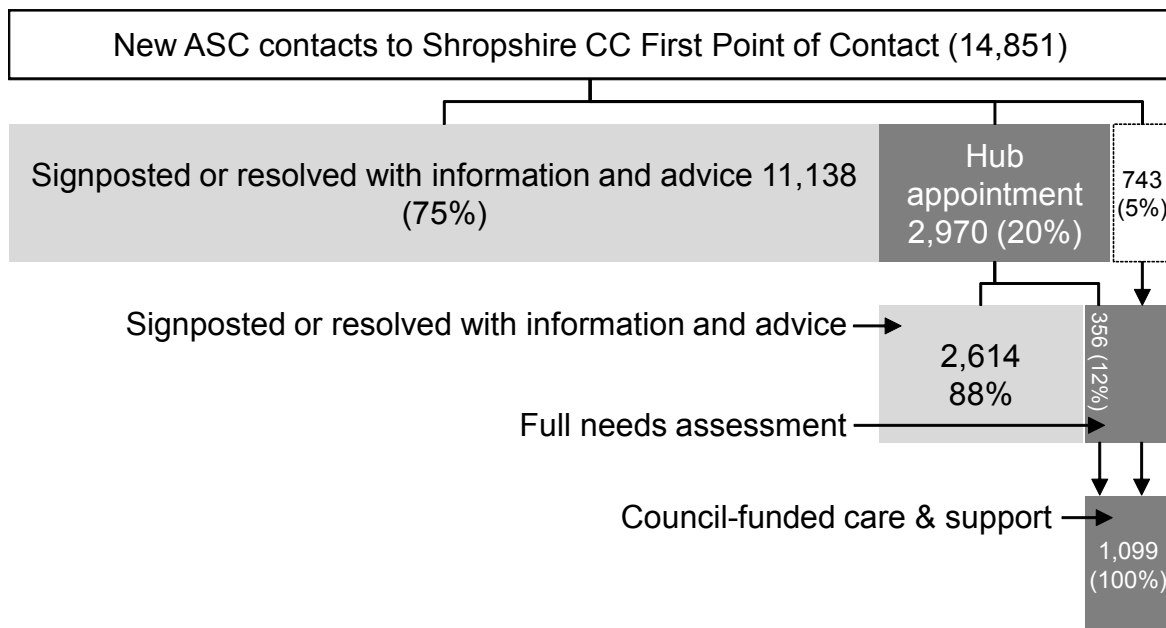
²² <http://shropshire.gov.uk/news/2015/01/providing-better-adult-social-care-services-while-spending-less/>

Barnet Council: flow of enquiries through the ASC system, 2014/15



Source: Referrals, Assessments and Packages of Care (RAP) return submitted by Barnet Council to the Health & Social Care Information Centre (HSCIC).

Shropshire (P2P): flow of enquiries through the ASC system, September 2015



Source: Data provided by P2P. Total number of new contacts is the current average number of ASC enquiries received per week by the ASC First Point of Contact team (286) multiplied by 52.

A key difference between the two sets of data is that Barnet's new contacts (10,026) include 3,803 referrals made by the hospital team (38% of all new contacts). As a group, these referrals (people about to be discharged from hospital) are likely to have a higher level of need for care and support than people contacting Social Care Direct. Shropshire's new ASC contacts (14,851) exclude hospital referrals.

The P2P service in Shropshire does not support people with mental health needs. Any enquiries about mental health services that the First Point of Contact team is not able to resolve with information and advice are signposted to Shropshire County Council's mental health team.

It should also be noted that P2P's model has evolved over a number of years since the service launched in 2012. For example, the proportion of people attending a hub appointment who then need a full statutory ASC needs assessment has been decreasing over time. In the full year 2014/15, 25% of people attending a hub needed a full assessment. By September 2015, this had fallen to only 12%.

Comparison with the Shropshire model highlights two ways in which Barnet's ASC processes and outcomes could be improved:

Number of people who need a full statutory ASC needs assessment in their home

At P2P, 12% of people who attend a hub appointment then need a full assessment. Added to this, 5% of enquirers receive a full assessment without attending a hub appointment first. This amounts to **7%** of all the people who contact adult social care.

In Barnet, of the 34% of people who contact the Council with an ASC enquiry who are referred to a social worker, 76% receive an assessment. This is **26%** of all the people who contact adult social care.

In 2014/15, Barnet Council carried out 2,557 full statutory ASC needs assessments. If only 7% of people who contacted the Council with an ASC enquiry received a full assessment, the Council would have only needed to carry out 742 full statutory ASC needs assessments.

Number of people who receive a Council-funded care and support plan

At Focus, the number of Council-funded care packages in place has fallen from approximately 3,700 in 2013 when Focus was created, to around 2,700 currently.

7% of people who contacted the P2P service in 2014/15 received a Council-funded care and support plan, compared to 20% of people who contacted Barnet Council.

If only 7% of people who contacted Barnet Council received a Council-funded care and support plan, the number of new care packages put in place each year would reduce from 1,982 to 742.

In addition to these quantifiable outcomes, the new operating model would reduce spend on community care budgets in ways that are more difficult to measure. For example:

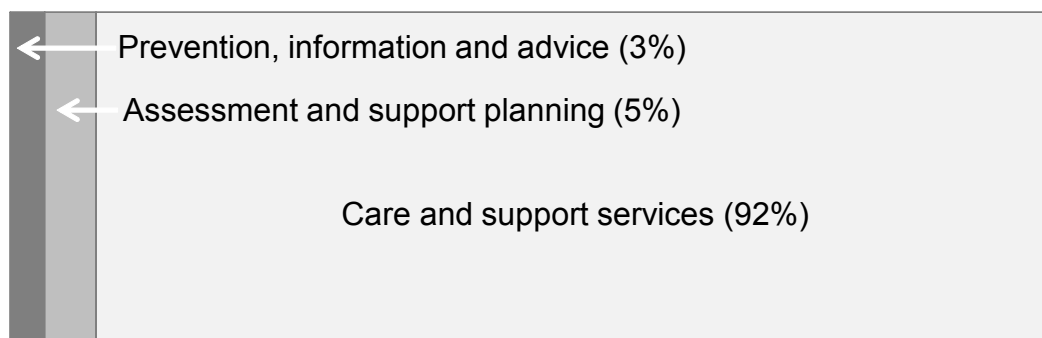
- Improvements to the process of reviewing care and support packages would mean more care and support plans are time-limited, with expenditure reducing as a person's independence increases over time.
- Use of community hubs would reduce waiting times for referrals, which would make interventions more timely. Practitioners would therefore be more likely to be able to help resolve an issue before it escalates into a crisis situation (for example, carer breakdown). Crisis situations are typically associated with very high levels of expenditure.
- Productivity improvements would arise from use of hub appointments instead of home visits, because practitioners would not need to travel to each appointment.

In addition to supporting savings from reduced need for Council-funded services, this project needs to realise savings of £1.96m through greater efficiency. In the next phase of work the outline business case for the ADM will consider the extent to which each of the ADM options (pp9-10) can deliver the proposed new operating model in a way that realises the required savings.

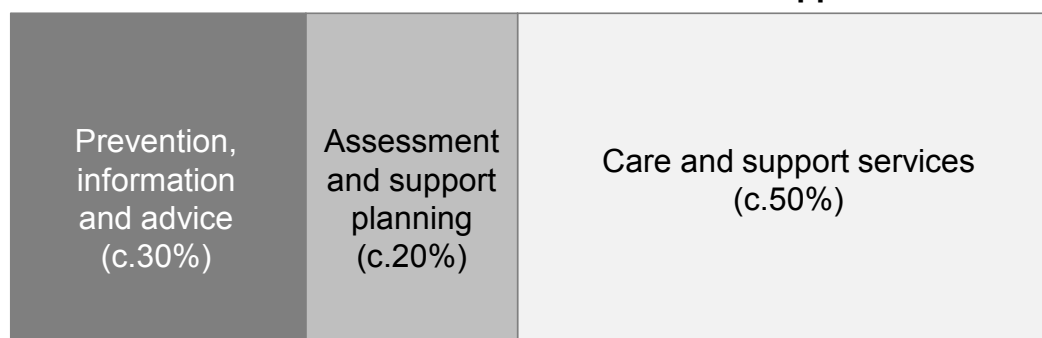
New allocation of ASC resources

Making ASC services more proactive and preventative will require a significant shift of resources away from the current model that focuses resource on care and support services once someone already has social care needs; and towards services that help to prevent people from developing social care needs.

Allocation of ASC resources at LB Barnet now



Allocation of ASC resources under a new approach



Source: Allocation of ASC resources at Barnet Council now – approximate allocation of 2015/16 net budget (including staffing costs, supplies and services, payments to external suppliers and client contributions) as defined by the Adults & Communities Delivery Unit. Allocation of ASC resources under a new approach – approximate allocation that Shropshire County Council aspires to reach by March 2017 (Shropshire County Council Local Account, 2013/14, <http://tinyurl.com/m6dawqp>).

At Shropshire, expenditure on prevention, information and advice is split across three categories:

- Grants made to local voluntary sector organisations to provide a range of support, information and advice and volunteer recruitment. Primarily this focuses on working with individuals diagnosed with certain health conditions to help them retain their independence for as long as possible (55% of spend)
- Direct contact with people who are referred to Council services, mostly provided by the Customer Services Centre (10% of spend).
- Assistance for people referred for short-term support to prevent the development of needs that need long-term support. This includes provision of the community hubs, and reablement services (35% of spend).

Rebalancing resources towards more proactive and preventative support is a change that needs to be made incrementally, as time needs to be allowed for increased expenditure on preventative services to make an impact on the level of demand for care and support services.

8. Next steps

The next stage of this project will be to identify the best ADM to deliver the new operating model. This work will include:

- Developing the operating model in greater detail to establish:
 - How the community hub approach will work on the ground. For example, how many hubs should there be, where should they be located, which partner organisations need to be involved? These questions will be considered through the hubs pilot that will begin in December 2015.
 - What preventative services will look like under the new operating model, and the projected impact that these services will have on future demand for Council-funded ASC services.
 - What preparation needs to be made to get the ASC team and its partners ready to work in this new way. For example, what staff development and training is needed to enable practitioners to work in different and often more challenging ways? How might the Council need to support the community and voluntary sectors to develop their own capacity?
 - The expected outcomes of the operating model, how they will be measured and the baseline data.

This development will be shaped and informed by engagement with residents, service users, staff and from community and voluntary sector representatives.

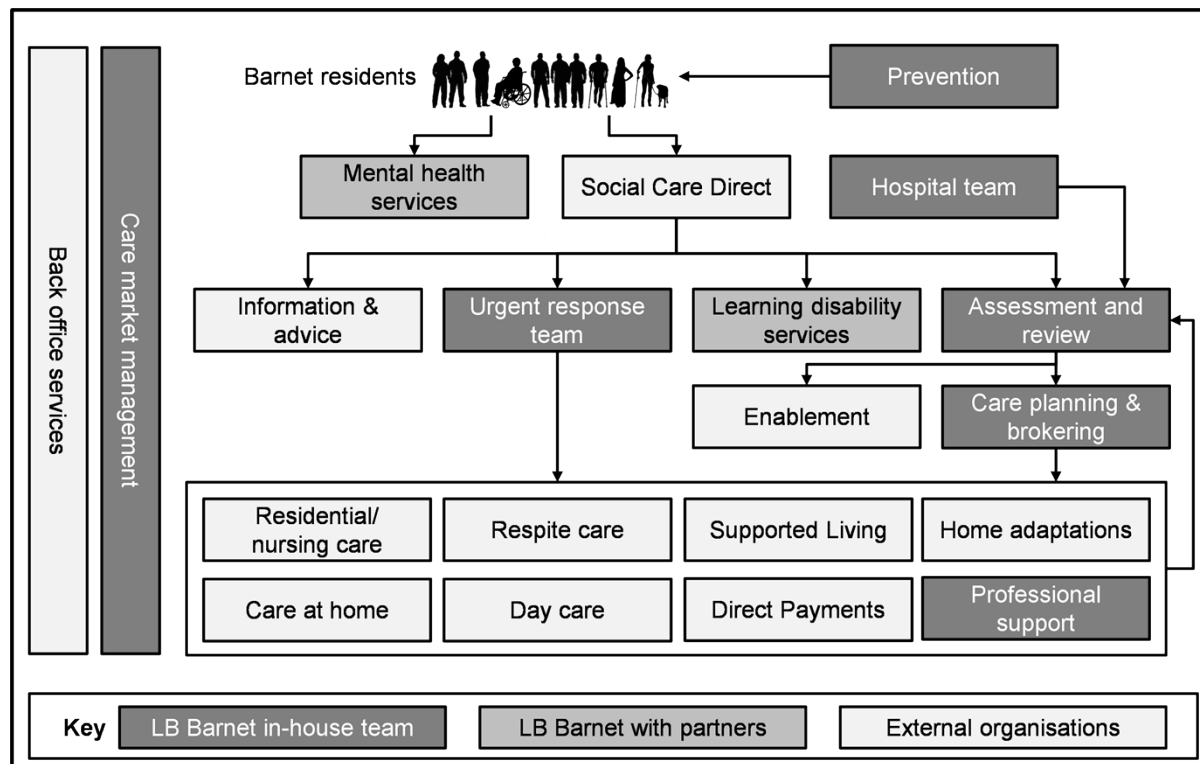
- Engaging with incumbent suppliers of the priority services, such as Capita and Housing & Care 21, to identify which elements of the new operating model could be implemented within the terms of current service contracts.
- Defining the scope of the ADM: which functional service areas will sit within it and which will sit outside of it?
- Engaging with potential partners and providers to test their appetite and capability to deliver all or some of the ADM. Research will also be carried out into different organisational forms and structures, especially those delivering statutory services.
- Completing an appraisal of the ADM options (listed on pp9-10), including high level financial analysis of the costs, savings and other benefits associated with each option.

The findings from this work will be presented to the Adults & Safeguarding Committee in an outline business case in early 2016.

Appendix A: Adult social care in Barnet

Overview of Council-funded ASC services in Barnet

The following diagram summarises the structure of ASC services in Barnet:



Social Care Direct is the “front door” to Barnet’s ASC services. Managed by Capita as part of the Council’s wider customer services, it handles enquiries, undertakes initial screening assessments and signposts residents to community organisations that can provide support. There are different routes into mental health services, which are delivered under a partnership agreement with Barnet, Enfield and Haringey Mental Health Trust.

The Social Care Direct team resolves most queries with information, advice and signposting to other organisations. Most other queries usually fall into one of three categories:

1. Any cases that need urgent or emergency attention are forwarded to the urgent response team (URT). The URT will assess these cases and put a care and support plan in place if the person is eligible to receive Council-funded services.
2. Anyone with a query about learning disability services (that cannot be answered by Social Care Direct) is passed to the Council’s learning disability service. The Council manages health services for people with a learning disability under a partnership agreement with Barnet CCG.

3. Other cases are escalated to one of the Council's social care teams. These teams also receive referrals directly from hospitals, when people leaving hospital need social care services. A practitioner²³ will contact the person who needs support and in most cases carry out a full assessment of their needs. People with eligible social care needs also receive a financial assessment from another Council team to assess their eligibility for Council-funded care and support.

Some people will need only short term "enablement" support to help them return to full independence (for example, after illness or an injury). Enablement services are provided by one of the Council's external suppliers.

People who need and are eligible to receive more long term support are given a care and support plan that summarises their needs and the support they will receive. These plans are usually developed by a Council practitioner but sometimes the Council commissions other organisations (such as the Barnet Centre for Independent Living) to work with people to develop their care and support plans.

The care services specified in a person's care and support plan are provided by external suppliers (including the Council's Local Authority Trading Company, Your Choice Barnet). Council practitioners will also provide ongoing professional social work support to people with a care and support plan, particularly those service users with very complex needs.

Approximately 39% of people with care and support plans receive Direct Payments, which are payments from the Council that they can use to arrange their own care and support services. The Council helps these people to select and arrange their care: this is known as a brokerage service.

Outside of this process are a number of other ASC functions:

- Prevention: a team within the Council develops and implements initiatives to help specific groups of people who are potentially at risk of developing social care needs in the future to stay healthy and well.
- Care market management: identifying Barnet's overall ASC needs and desired outcomes; planning how to meet those needs and achieve better outcomes; then commissioning high quality and cost effective services and monitoring service delivery to ensure those outcomes are achieved. These activities are delivered by in-house teams within the Council.
- Back office services: supporting services such as HR, ICT, finance and procurement. These services are provided by Capita on behalf of the Council.

²³ For example, a Social Worker, Occupational Therapist or Assessment & Enablement Officer.

Summary of baseline data

Number of Council-funded care packages, 2011 – 2015

Service user group	Number of care packages				
	2011	2012	2013	2014	2015
Older people, excluding those with dementia	2,311	2,179	2,121	2,038	1,851
Older people with dementia	172	190	245	263	259
Adults with physical disabilities	482	445	460	494	474
Younger adults with learning disabilities ²⁴	665	685	843	905	952
Adults aged >65 with learning disabilities	58	58	65	87	84
Adults with mental health needs	218	242	190	236	229

Source: SWIFT database. Total number of Council-funded packages of care in place in March of each year.

Use of different care settings, 2011 – 2015

Care setting	Number of care packages				
	2011	2012	2013	2014	2015
Home care	1,306	1,214	1,081	1,091	1,012
Residential care	939	918	860	856	836
Direct Payments	809	872	1,025	1,064	1,028
Day care	414	348	444	445	400
Nursing care	264	273	259	254	249
Supported Living	174	174	255	313	324

Source: SWIFT database. Total number of Council-funded packages of care in place in March of each year.

²⁴ The large increase in the number of care packages between 2012 and 2013 was driven by the transfer of care and support packages for some adults with learning disabilities from the NHS to the Council.

Projected prevalence of selected health conditions among adults aged 18-64 in the London Borough of Barnet

	2015	2020	2025	2030	Change 2015-30
Predicted to have a moderate or severe learning disability	1,333	1,422	1,498	1,568	+18%
Predicted to have a moderate or serious physical disability	22,353	24,366	26,139	27,577	+23%
Predicted to have a common mental health disorder	38,542	40,930	42,856	44,544	+16%
Predicted to have a personality disorder	1,907	2,036	2,141	2,233	+17%
Predicted to have a psychotic disorder	958	1,017	1,064	1,106	+15%
Predicted to have two or more psychiatric disorders	17,196	18,314	19,219	20,016	+16%

Source: PANSI (Projecting Adult Needs and Service Information). PANSI applies national level prevalence projections to sub-national population projections taken from the Office for National Statistics (2012 based).

Projected prevalence of selected health conditions among adults aged 65 and over in the London Borough of Barnet

	2015	2020	2025	2030	Change 2015-30
Predicted to have a moderate or severe learning disability	148	165	185	212	+43%
Predicted to have a long term illness that limits day-to-day activities "a lot"	11,448	12,985	15,091	17,420	+52%
Predicted to have depression	4,629	5,159	5,876	6,737	+46%
Predicted to have dementia	4,044	4,693	5,536	6,561	+62%

Source: POPPI (Projecting Older People Population Information System).

Appendix B: Customer journeys

David and Ruth's story

David has Alzheimer's disease and is supported at home by his wife, Ruth. Both are in their 70s and Ruth is increasingly struggling to cope with the pressures of caring. David is known to the wider ASC service and in the past Ruth has been offered respite care by David staying in a care home but this hasn't worked as David would become distressed on leaving home.

Ruth's GP thinks David may need to be admitted to a residential care home. He suggests that before taking any further action, he will book an appointment for David and Ruth at the ASC community hub session that is held in the GP surgery once a week.

First contact



A couple of days later they talk to a Community Contact Worker, Jane and a carer volunteer, Margaret. In the discussion Ruth describes things about their life now, their network of family and friends whom she doesn't like to ask for help, and how important it is for her to continue to care for David.

Margaret is able to tell Ruth about how she could have a volunteer for a few hours a week to help with household tasks and to give her a break. They also discuss how their family and friends could be invited with them for a cottage mid week break for regular breaks so that Ruth could have a rest and the sleep she needs.

Local hub meeting



A list of actions is agreed – Ruth will talk to some of her family and friends to see who might be willing to accompany them on holiday but also provide support to David. Jane will confirm with her Team Leader the next day that the Personal Budget for this can be agreed and then arrange for a local voluntary organisation to receive the funds on Ruth's behalf and assist her to book the breaks. Margaret will arrange for the Age UK Help at Home service to make contact with Ruth.

Within a week the support is confirmed, a volunteer has made contact with an appointment to visit and soon afterwards, Ruth has a holiday break booked and a list of family and friends willing to accompany them in return for supporting David and giving Ruth a rest.


Follow up.



Eunice's story

Eunice is 79 and lives alone. She has angina, limited mobility and is struggling to look after herself. She has a long walk to the nearest bus stop and so finds it difficult to get out and about.

Eunice's daughter visits and is concerned about her mother's general state and how well she is eating. With Eunice's permission she rings the Council for some help. She speaks to an advisor who listens to the concerns and asks some questions about Eunice. She asks if the daughter would be able to bring Eunice to a hub appointment at the library on the High Street the following day.

First contact 

At the appointment Eunice and her daughter are greeted by a volunteer who puts them at ease and makes some tea.

Eunice speaks to a colleague of Alan's who suggests some aids that might help her with preparing food. Together they look at the Community Directory and see there is a pub club for senior citizens and a community transport service. They also discover the local shop offers a home delivery service. Before they leave, Eunice is invited to speak to someone about the benefits she is receiving. She agrees and finds that she can likely increase her personal income due to her health needs. She is given a leaflet with details of how to get in touch if she needs anything further.

Local hub meeting 

They meet with a Community Contact worker, Alan, who has some notes in front of him which are from the conversation on the 'phone yesterday. He asks some more questions and adds to the notes; he asks about what Eunice likes to do, how she can get around, how she does her shopping and what friends she has around her. They talk for about an hour and agree a number of actions. Eunice agrees to make an appointment with her nurse to check she is on the right medication, she is offered a pill dispenser to trial that will help her remember to take her tablets and Alan will arrange this to be filled at her pharmacy if it works well.

Follow up. 

Appendix C: Equalities

Approach to equalities

The project team will take a proportionate approach to equalities. If a proposal or decision has no, or only limited, impact on equality, the duty will be commensurately limited. In all cases the decision maker should consider which groups with protected characteristics are likely to be affected, whether this is a large or small group and the level of impact; nil, minimal or significant.

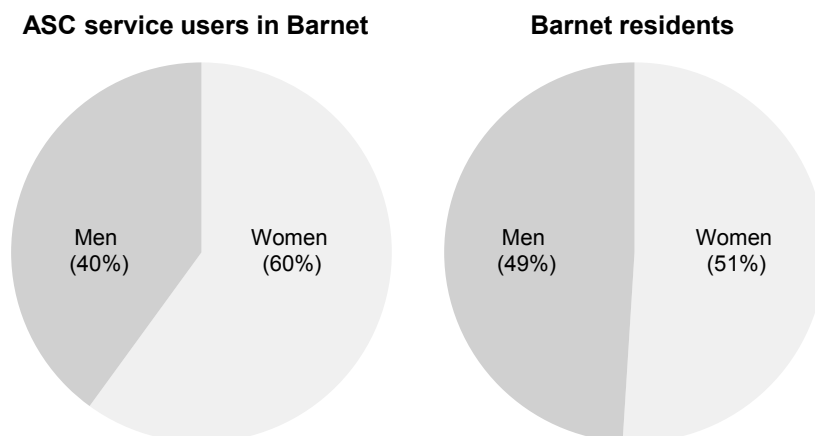
The equality duties are a mandatory relevant consideration in decision-making. Equalities issues will form a central part of decision-makers' consideration of project proposals and any subsequent policies. In considering the duties decision makers will consider the alternatives and all the countervailing circumstances including where appropriate the budgetary requirements. In considering any analysis completed, decision makers will consider the quality of the analysis in assessment when making their decision.

The project team recognise that the duty is a continuing one. Usually an Equalities Improvement Plan is used to outline the review process that considers the impact/ cumulative impact of decisions implemented on groups with protected characteristics.

A full audit trail will be used to demonstrate that the Council has considered and complied with their equality duties. Usually an Equalities Analysis form is used to record considerations. Proper record-keeping encourages transparency and analysis will be published with relevant Council papers.

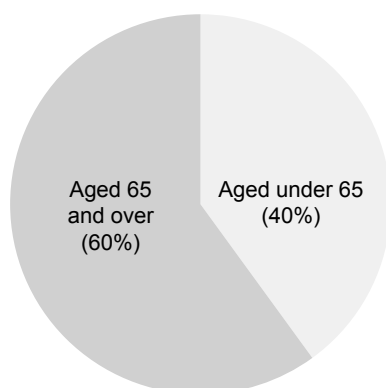
Equalities profile: service users

Gender

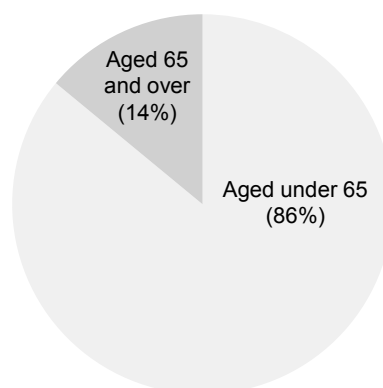


Age

ASC service users in Barnet



Barnet residents



Race and ethnicity

Race/ethnicity	Barnet ASC service users	Barnet residents
White	72.3%	64.1%
Indian, Pakistani or Bangladeshi	9.3%	10.0%
Black African	3.8%	5.4%
Black Caribbean	2.5%	1.3%
Black (other)	1.5%	2.7%
Chinese	0.6%	2.3%
Other Asian	2.7%	7.9%
Other ethnicities	7.3%	6.3%
100% =	4,895	357,653

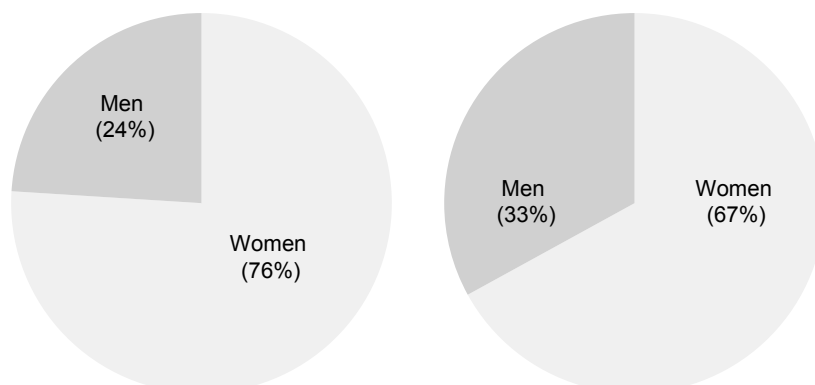
Religion

Religion	Barnet ASC service users	Barnet residents
Christian (all denominations)	42.4%	41.2%
Jewish	18.1%	15.2%
Muslim	6.4%	10.3%
Hindu	5.6%	6.2%
Buddhist	0.6%	1.3%
Sikh	0.3%	0.4%
Other religion	1.1%	1.1%
No religion	11.8%	16.1%
Refused/not recorded	13.7%	8.4%
100% =	5,025	356,386

Equalities profile: Adults & Communities employees

Gender

Adults & Communities employees LB Barnet, all employees



Age

Age	Barnet Council Adults & Communities employees	Barnet Council all employees
18-21	0.4%	0.9%
22-29	9.1%	9.5%
30-39	19.3%	21.1%
40-49	22.1%	26.3%
50-64	46.0%	39.3%
65+	3.2%	3.1%
100% =	285	2,094

Race and ethnicity

Race/ethnicity	Barnet Council Adults & Communities employees	Barnet Council all employees
White	51.2%	56.4%
Black or Black British	19.6%	18.1%
Asian or Asian British	12.6%	9.1%
Mixed	2.8%	2.4%
Chinese or other ethnic group	0.4%	1.5%
Refused/not recorded	13.3%	12.6%
100% =	285	2,094

Religion

Religion	Barnet Council Adults & Communities employees	Barnet Council all employees
Christian	44.2%	44.7%
Hindu	6.0%	5.1%
Muslim	5.3%	4.3%
Jewish	4.2%	2.5%
Buddhist	1.4%	0.5%
Other religion	1.1%	3.5%
No religion	17.2%	18.4%
Refused/not recorded	20.4%	20.6%
100% =	285	2,094

Disability

	Barnet Council Adults & Communities employees	Barnet Council all employees
Disability	3.2%	1.8%
No disability	77.5%	83.9%
Refused/not recorded	19.3%	14.3%
100% =	285	2,094

Initial assessment of equalities impact

1. Details of function, policy, procedure or service	
Title of what is being assessed: Future operating model for ASC	
Is it a new or revised function, policy, procedure or service? Revised service	
Department and Section: Commissioning Group	
Date assessment completed: 16/10/2015	
2. Names and roles of people completing this assessment	
Lead officer	Dawn Wakeling, Commissioning Director
3. Employee profile of the project	The potential impact for employees is not known at this stage of the project. As the project proposals are developed further the impact for employees will be considered and an employee equalities impact assessment will be carried out. Ongoing communication and engagement with employees as the project progresses will involve employees in the process of shaping and influencing the project and its outcomes.

4. How are the following equality strands affected? Detail the effect on each equality strand, and any mitigating action you have taken / required. Include any relevant data. If you do not have relevant data please explain why / plans to capture data.			
Equality Strand	Affected?	Explain how affected	What action has been taken or is planned to mitigate impact
1. Age	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	<p>Older people make up the majority of ASC service users.</p> <p>They are more likely than the general population to have mobility problems that could make it difficult for them to travel to a community hub appointment.</p> <p>Older people are also less likely than the general population to have access to the internet.</p>	<p>Criteria will be developed to identify those people who may find it difficult to travel to a hub appointment. Cases will be considered on a 1:1 basis and home visits will be offered to people who are unable to attend a hub.</p> <p>Communication about the project will use a range of appropriate channels that reflect the diversity of service users.</p>

<p>2. Disability</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>In the 2011 Census, 6% of Barnet residents said they suffered a health condition that limits their day-to-day activities “a lot”.</p> <p>With the possible exception of carers, everyone using ASC services will have a short term or long term health condition with the potential to severely limit their day-to-day activities.</p>	<p>Criteria will be developed to identify those people who may find it difficult to travel to a hub appointment. Cases will be considered on a 1:1 basis and home visits will be offered to people who are unable to attend a hub.</p> <p>Communication about the project will use a range of appropriate channels that reflect the diversity of service users. This will include “easy read” communications for those service users who have a learning disability.</p>
<p>3. Gender reassignment</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>Data unavailable at this point. This protected characteristic will be taken into account at a later stage if data becomes available.</p> <p>No impact on this protected characteristic is anticipated.</p>	<p>None at this time.</p>
<p>4. Pregnancy and maternity</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>Data unavailable at this point. This protected characteristic will be taken into account at a later stage if data becomes available.</p> <p>No impact on this protected characteristic is anticipated.</p>	<p>None at this time.</p>
<p>5. Race / Ethnicity</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>No impact on this protected characteristic is anticipated.</p>	<p>None at this time.</p>

<p>6. Religion or belief</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p>	<p>Religious holidays may mean some service users are unable to attend their next available local hub appointment.</p>	<p>These service users would be offered an alternative appointment on another day and/or at another hub, or a home visit if their case was urgent.</p>
<p>7. Gender / sex</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>Women make up the majority of ASC service users.</p> <p>No impact on this protected characteristic is anticipated.</p>	<p>None at this time.</p>
<p>8. Sexual orientation</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>Data unavailable at this point. This protected characteristic will be taken into account at a later stage if data becomes available.</p> <p>No impact on this protected characteristic is anticipated.</p>	<p>None at this time.</p>
<p>9. Marital Status</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>Data unavailable at this point. This protected characteristic will be taken into account at a later stage if data becomes available.</p> <p>No impact on this protected characteristic is anticipated.</p>	<p>None at this time.</p>
<p>10. Other key groups?</p> <p>Carers</p> <p>People with mental health issues</p> <p>Some families and lone parents</p> <p>People with a low income</p>	<p>Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>The ASC service supports carers and people with mental health issues.</p> <p>Carers may find it difficult to leave home to attend a hub appointment.</p> <p>No other impacts on these protected characteristics is anticipated.</p>	<p>Criteria will be developed to identify those people who may find it difficult to travel to a hub appointment. Cases will be considered on a 1:1 basis and home visits will be offered to people who are unable to attend a hub.</p>

Unemployed people	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>		
Young people not in employment education/training	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>		

5. Outline what data sources, measures and methods could be designed to monitor the impact of the new policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact?

Include how frequently monitoring could be conducted and who will be made aware of the analysis and outcomes

Project outcomes will be monitored to ensure that they are meeting the project’s service development principles (enabling people to regain and maintain their wellbeing so they don’t need to call upon ASC services; intervening at a much earlier stage and in a different way; maintaining or improving the Council’s ability to meet its ASC statutory duties and keep the most vulnerable adults and older people safe.)

An approach for measuring and monitoring the expected outcomes of the proposed new operating model will be developed in the next stage of the project and refined as the project progresses.

A more detailed Equalities Impact Assessment will be completed as part of the development of the outline business case for the ADM. The options appraisal process will give due regard to ensuring that the needs of those with protected characteristics are taken into account throughout the process.

6. Initial assessment of overall impact

Positive Impact	Negative Impact or Impact Not Known	No Impact
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. Scale of impact

Positive impact:	Negative Impact or Impact Not Known	
Minimal <input type="checkbox"/>	Minimal <input type="checkbox"/>	
Significant <input type="checkbox"/>	Significant <input type="checkbox"/>	

8. Outcome

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

9. Give a full explanation for how the initial assessment and outcome was decided

The new operating model aims to enable people to regain and maintain their wellbeing so they do not need to call upon ASC services. It will deliver an improved ASC service that is more responsive, more joined up with other agencies and more focused upon how each person can use their own strengths to take control of their life and achieve their goals.

There is currently anticipated to be no change to the routes through which people access the ASC service.

The implementation of community hub appointments will reduce average waiting times for assessments. Where people have disabilities, mobility problems or caring commitments that would make it difficult for them to attend a hub appointment, they would instead be offered a home visit.


Decisions about the location of the community hubs will take account of the need to ensure that they are accessible to people in all parts of the borough. Venues will be wheelchair accessible and also readily accessible by public transport.

As the project progresses and the ADM options are defined, the potential impact for service users will be considered again.

Appendix D: Health & Safety

An initial assessment of Health & Safety risks associated with the proposals has been carried out. This has identified that there are no additional Health & Safety risks beyond those normally associated with the delivery of these services and which are managed through the established Health & Safety policies and procedures. An assessment of the possible Health & Safety risks associated with the community hubs pilot will be carried out separately by the hubs pilot project team.

In the event of a third party or separate organisation being established, there will need to be due consideration of Health & Safety matters in the commissioning process.

	<p>Adults & Safeguarding Committee</p> <p>12 November 2015</p>
<p>Title</p>	<p>Adults & Safeguarding Committee Work Programme</p>
<p>Report of</p>	<p>Dawn Wakeling – Commissioning Director, Adults and Health</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Urgent</p>	<p>No</p>
<p>Key</p>	<p>No</p>
<p>Enclosures</p>	<p>Appendix A – Committee Forward Work Programme</p>
<p>Officer Contact Details</p>	<p>Ola Dejo-Ojomo – Governance Officer - 020 8359 6326 Email: ola.dejo-ojomo@barnet.gov.uk</p>

Summary

The Committee is requested to consider and comment on the items included in the 2015/16 work programme

Recommendations

1. That the Committee consider and comment on the items included in the 2015/16 work programme

1. WHY THIS REPORT IS NEEDED

- 1.1 The Adults & Safeguarding Committee Work Programme 2015/16 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 This recommendation allows Members of the Committee to consider future reports on the work programme.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 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.

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 Social Value

5.3.1 N/A

5.4 Legal and Constitutional References

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

5.5 Risk Management

5.5.1 None in the context of this report.

5.6 Equalities and Diversity

5.6.1 None in the context of this report.

5.7 Consultation and Engagement

5.8 Insight

5.8.1 N/A

6. BACKGROUND PAPERS

6.1 None.

**London Borough of Barnet
Adults and Safeguarding
Committee Forward Work
Programme
November 2015 - February 2016**

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

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
12 November 2015			
Delivering Adult Commissioning Priorities through Your Choice Barnet	Committee to receive a report on the Development of the Your Choice Barnet Contract.	Commissioning Director (Adults and Health)	Key
Home Meals Service	Committee to receive a report on the Home Meals Service.	Head of Service: Joint Commissioning and Caldicott Guardian, Adults & Health,	Key
Approach to Concerns Within the Regulated Care Market	At their meeting on 8 June 2015, the Committee received a report on the London Borough of Barnet's approach to concerns with providers in the regulated care market. The Committee requested to be provided with an update report in six months' time.	Assistant Director Community and Wellbeing	No
Business Planning for 2016/17	Committee to receive a report on Business Planning for 2016/17.	Commissioning Director (Adults and Health)	Key
Enablement Home Care Service Commissioning Strategy	Committee to receive a commissioning strategy for enablement	Commissioning Director (Adults and Health)	Key

Subject	Decision requested	Report Of	Contributing Officer(s)
External Support Planning and Brokerage - Contract Novation	This report seeks authorisation of a contract novation for 'External Support Planning and Brokerage Service'.	Commissioning Director (Adults and Health)	Non Key
A New Operating Model for Adult Social Care	Committee to receive a report on Adult Social Care ADM project, including consultation and early findings/SOC.	Commissioning Director (Adults and Health)	Non Key
19 January 2016			
Report on Adult Social Care Alternative Delivery Model project Outline Business Case	Committee to receive a report on Adult Social Care Alternative Delivery Model project Outline Business Case.	Commissioning Director (Adults and Health)	Key
Carers Strategy	Committee to receive a report on the Carers' Strategy.	Adults and Communities Director	Key
Implementation of Better Care Fund: Development of Integrated Locality Teams	Implementation of Better Care Fund: development of integrated locality teams.	Commissioning Director (Adults and Health)	Key
7 March 2016 Items to be allocated			

Subject	Decision requested	Report Of	Contributing Officer(s)
Commissioning Strategy for Supported Living	Committee to receive a commissioning strategy for supported living.	Commissioning Director (Adults and Health)	
Home care commissioning - outcomes based approach	Committee to receive a report on home care commissioning - outcomes based approach.	Commissioning Director (Adults and Health)	