
Appendix B: Information Pack

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1.1 Corporate and Commissioning Priorities

Adults and Safeguarding services will lead the delivery of the Corporate Plan priority outcome *to promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well* and contribute to the other five priority outcomes, in particular, to promote family and community well-being and encourage engaged, cohesive and safe communities.

The measures of success set out in the Corporate Plan for 2014/15 are:

Objective	Indicator	Most Recent Outturn	Previous Outturn
Support families and individuals that need it, promoting independence, learning and well-being	Increase the percentage of eligible adult social care customers receiving self-directed support	64% (2013/14)	61% (2012/13)
	Increase the percentage (and number) of eligible adult social care customers receiving direct payments to 30%	30% (2013/14)	24% (2012/13)
	Increase the number of carers who receive support services	9% (2013/14)	6% (2012/13)
	Reduce the number of younger adults in residential and nursing care	315 (2013/14)	322 (2012/13)
	Increase the percentage of older people (65 and over) who were still at home 91 days after discharge from hospital into re-enablement/rehabilitation services	82.6% (2013/14)	83.2% (2012/13)
Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work, and study	Increase the overall satisfaction of people who use adult social care services with care and support	64.5% (2012/13)	54% (2011/12)
	Increase percentage of adult social care service users who say their services have made them feel safe and secure	62.2%(2012/13)	68.2% (2011/12)

The corporate plan priorities are underpinned by a set of Management Agreement indicators which will measure the delivery of commissions across the service:

Priority	Measures of success
Implementation of the Care Act	<ul style="list-style-type: none"> • Robust offer in place to meet the new requirements of the Care Act with respect to prevention, information, advice and advocacy and carers. The workforce and key partners know about and understand the offer and where to get information and advice. • Increased assessment capacity has been identified and the DU has the ability to flex this where required. • A system is in place to manage deferred payments and the actual and potential financial impact is monitored and reported on regularly. • System requirements for care account implementation in 2016 to be addressed through the Investing in IT project in 2014/5 • Increased carer sustainability linked to inputs measured by outcomes including length of caring relationship and reduction in residential placements. • A refocused offer from adult social care which supports the carer to support the service user rather than one which supports the service user at the expense of the carer as evidenced by spend by care group. • Minimal/no impact on adult social care budget for 2014/15. Any new burdens from BCF and RSG from 2015 to be identified
Delivery of health and social care integration including through the Better Care Fund	<ul style="list-style-type: none"> • Costed and agreed specifications to deliver a five-tier model for older people and those with long term conditions by October 14. • Integrated health and social care model for older people and those with long-term conditions implemented to commence April 2015. • Baseline agreed and approach to benefits realisation and measurement in place. • Model in operation to deliver cost savings for 15/16 onwards associated with system for health and social care. • Consideration given to how improved outcomes for service users and carers will be evidenced.

Priority	Measures of success
<p>Ensuring the sufficiency and quality of the social care delivery workforce</p>	<ul style="list-style-type: none"> • Workforce strategy and action plan in place with high level sign up (and links to the LEP and housing strategy) to support the delivery of a high quality workforce across all sectors which looks at : <ul style="list-style-type: none"> - leadership and management; - training of staff (health and social care); - pay and conditions; - transformation of services; - equality agenda; - recruitment and retention; - and the need for a changing flexible workforce. • New domiciliary care contract specification complies with the workforce strategy and support workforce requirements of health and social care integration. • Scoping workshop to take place in May 2015 to further refine project deliverable.
<p>Delivery of the new vision for adult social care (including changes to the model for OP,LD,MH and carers)</p>	<ul style="list-style-type: none"> • Four new models fully worked up with a clear delivery mechanism and timetable for implementation based on the vision and challenge workshops in 13/14 Q4. Detailed roles and responsibilities to be scoped as project unfolds. <ul style="list-style-type: none"> LD model to focus on the growth of the person led by LC for Families and Well-being MH model to focus on early intervention and recovery OP model to focus on integration with the community Carer model to focus on carer sustainability and support to carer aimed at increasing independence of cared for • Tool to measure benefits realisation.
<p>Ensure that there is clarity of responsibilities across the Safer Communities Partnership and Safeguarding Boards for a co-ordinated approach to address violence against women and girls and that effective drug and alcohol services are delivered.</p>	<ul style="list-style-type: none"> • Strategic crime needs assessment (2014) completed and priorities identified • New Community Safety Strategy (2014-17) in place supported by clear delivery plans and partnership KPI's to track performance • Clarity of responsibility across the SCPB and the Safeguarding Board for a co-ordinated approach to address violence against women and girls • Closer working developed between public health, CCG and the SCPB on substance misuse with clarity on the responsibilities across the SCPB and the Health and Well

Priority	Measures of success
	<p>Being Board Strategy and action plan agreed by Safer Communities Partnership Board and Safeguarding Board.</p> <ul style="list-style-type: none"> • Contribute to the review of drug and alcohol services (led by the public health team) and subsequently to contribute to the development of new services models for recommissioning/ reprocurement.

1.2 Service users

Service (RAP return 2013/14)	Number of clients <i>(with funded packages of care)</i>
Adults with learning difficulties	765
Adults with mental health	1,127
Adults with disabilities- physical	656
Adults with disabilities- sensory	104
Older people	4,744
Number of carers	1,948
Population of adults receiving care services/support (incl. carers)	9,344

Total attendances at Barnet Leisure centres (January 2013 – December 2013, Greenwich Leisure Limited data)	1,152,296
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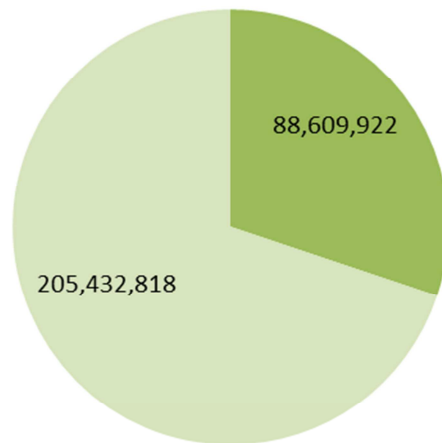
2.1 Overview of Finance

Revenue budget

	2014-15 net (£000s)	2015-16 net (£000s)
Adults and Communities (excl community safety*)	88,610	81,045
TOTAL	88,610	81,045

* Please note, community safety is under the remit of the Community Leadership Committee

Adults & Safeguarding



2.2 Summary of Planned Savings 2015/16

Type	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	(£000s)	(£000s)	(£000s)	(£000s)	(£000s)	(£000s)
Achieved savings total	(3,679)	(8,660)	(4,657)	(4,011)		
Savings through supporting people in the community as opposed to high cost placements					(1,347)	(858)
Savings through supporting people in appropriate housing as opposed to high cost placements					(1,000)	(704)
Savings through supporting people by increasing investment in carers support to prevent/ reduce the need for funded care						(550)
Savings through decreasing external third party expenditure on day care costs by increased access to universal leisure services and specific renegotiations						(660)
Savings through working with NHS to reduce number of people going into high cost placements					(471)	
Savings through reduced staffing costs and sharing funding arrangement with MHT					(180)	(401)
Savings from renegotiation of existing contracts					(1,628)	(600)
Savings from reduction in third part expenditure through renegotiation of individual Learning Disability packages					(1,900)	
Savings through reduction in staffing costs						(300)
Savings through HRA investments in new build which will result in reduction in high cost placements					(50)	(1,513)
Savings through reduction in expenditure on leisure contract					(967)	
Savings through reduction in expenditure by working with CSG provider					(500)	(2,000)
Savings through reduction in placement costs for residents permanently settle out of the borough					(307)	(838)
Efficiencies total					(8,350)	(8,424)
Increase in income from fairer charging policy					(27)	

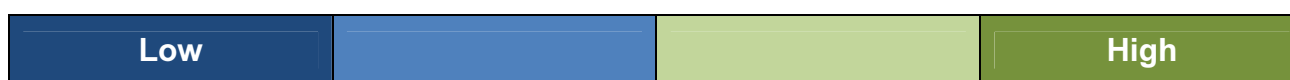
Type	2010/11 (£000s)	2011/12 (£000s)	2012/13 (£000s)	2013/14 (£000s)	2014/15 (£000s)	2015/16 (£000s)
Service Reductions total					(27)	
Demographics pressures					800	800
Pressures total	983	2,400	800	800	800	800
Grand Total	(2,696)	(7,860)	(3,857)	(3,211)	(7,577)	(7,624)
Budget					88,677	81,503
% of Budget					8.5%	9.4%

3.1 Performance

The quartiles are calculated by dividing the data set into an equal number of authorities in each part of four to identify whether performance is high or low.

Quartile group one is the bottom/lower 25 per cent (a value less than 25 per cent) of the chosen comparison group. Quartile group two is in the range equal to or greater than 25 per cent but less than 50 per cent of the chosen comparison group. Quartile group three is in the range equal to or greater than 50 per cent but less than 75 per cent of the chosen comparison group. Quartile group four is in the top/higher 25 per cent (a value that is equal to or greater than 75 per cent) of the chosen comparison group. The comparator group used is London excluding City.

Corporate Plan Indicators



	Barnet	London	England
Percentage of eligible adult social care customers receiving self-directed support (2012/13)	61	65	59
Percentage of eligible adult social care customers receiving direct payments (2012/13)	19.3	20.5	18.2



	Barnet	London	England
Increasing the number of carers who receive support services	564	-	-
Carers receiving needs assessment or review and a specific carer's service, or advice and information (2010/11)	33.5	29.9	30.1
Permanent admission of younger adults (aged 18-64) to residential and nursing care homes per 100,000 population (2012-2013) (Per 100,000 population)	9.2	11.4	14.4
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service) (2012/13)	83.2	86	83
Overall satisfaction of people who use adult social care services with their care and support (2012/13)	64.5	59.3	63.4
Proportion of adult social care service users who say their services have made them feel safe and secure (2012/13)	70.9	74.5	78.3

Commissioning Priority Indicators

Bottom London boroughs (excl. City)			Top London boroughs (excl. City)
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	Barnet	London	England
Proportion of people who use services and carers who find it easy to find information about services (2012/13)	71.4	68.4	71.5

Delivery Indicators

	Barnet	London	England
Proportion of service users who say that they have control over their lives (2012/13)	74.6	71.2	75.3
Care reported quality of life (points out of 12) (2012-13)	7.7	7.7	8.1
Community based packages have support plans that are fully person-centred and reviews indicate that outcomes are achieved	86%	-	-
Nationality ceremony to be offered within 90 days of receipt of letter from Home Office	100%	-	-

4.1 Links to other information and data

Finance

[Click here to see the Barnet budget book 2014/15 for revenue and capital](#)

Policy/Statutory Documents

[Local Account](#)

[Care Act factsheets](#)

[Health and Well-being Strategy](#)

[JSNA](#)

[Market position statement](#)

[Better Care Fund draft submission 2014](#)