

	<h2>Adults and Safeguarding Committee</h2> <h3>12<sup>th</sup> November 2015</h3>
<b>Title</b>	<b>A new operating model for adult social care</b>
<b>Report of</b>	Dawn Wakeling, Adults and Health Commissioning Director
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A: Strategic outline case for a future operating model for adult social care
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## 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**

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

### **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.

