BARNET
LONDON BOROUGH

Strategic Outline Case
Future operating model for adult social care

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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 2020[1]. 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 406,500[2]. 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 comorbid[3] 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 annum[4].

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 model[5], 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 2015-2020[6]:

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 £1.96m[7] 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 needs[8].

[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 include[9]:
    - 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%20Planv8.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 groups[11]. 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 sites[12] 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 county[13]. 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.

<u>Individual practitioners</u>

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 Servant[14]. 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 Strategy[15]. 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 cancer[16]. 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:

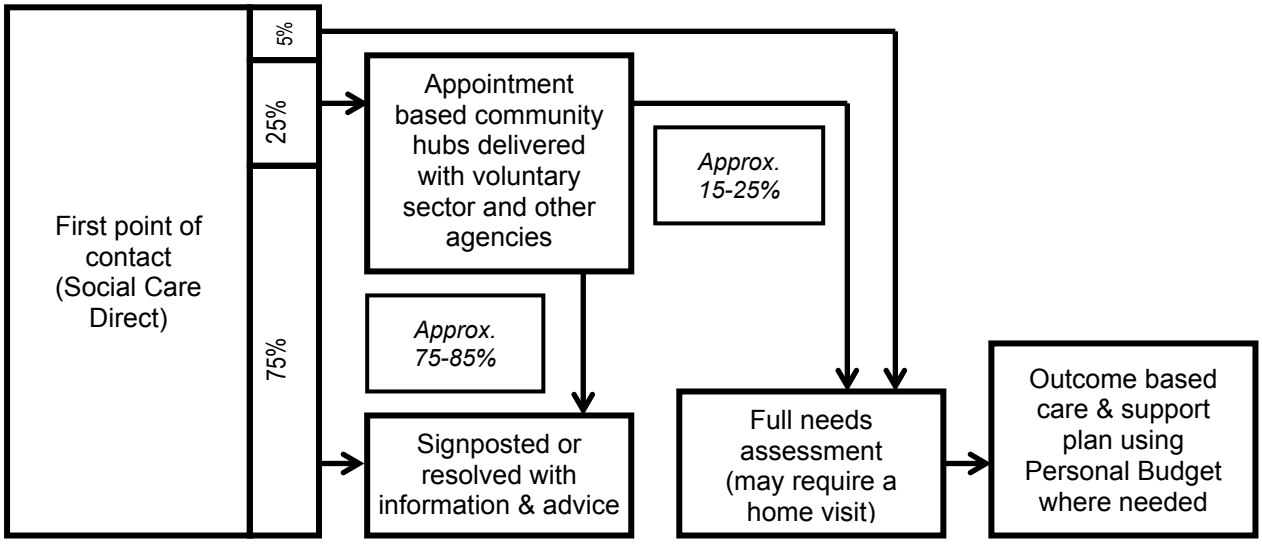
- The TOPAZ service holds community "surgeries" in residential homes, schools, places of worship and local parks.
- Focus provides advice, information and signposting across a number of local hospitals, primary care centres and supermarket car parks.
- P2P has hosted "Let's Talk Local" hubs in community 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 Strategy[17] 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 Survey[18], 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 pilot[19] 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 over[20]. 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.

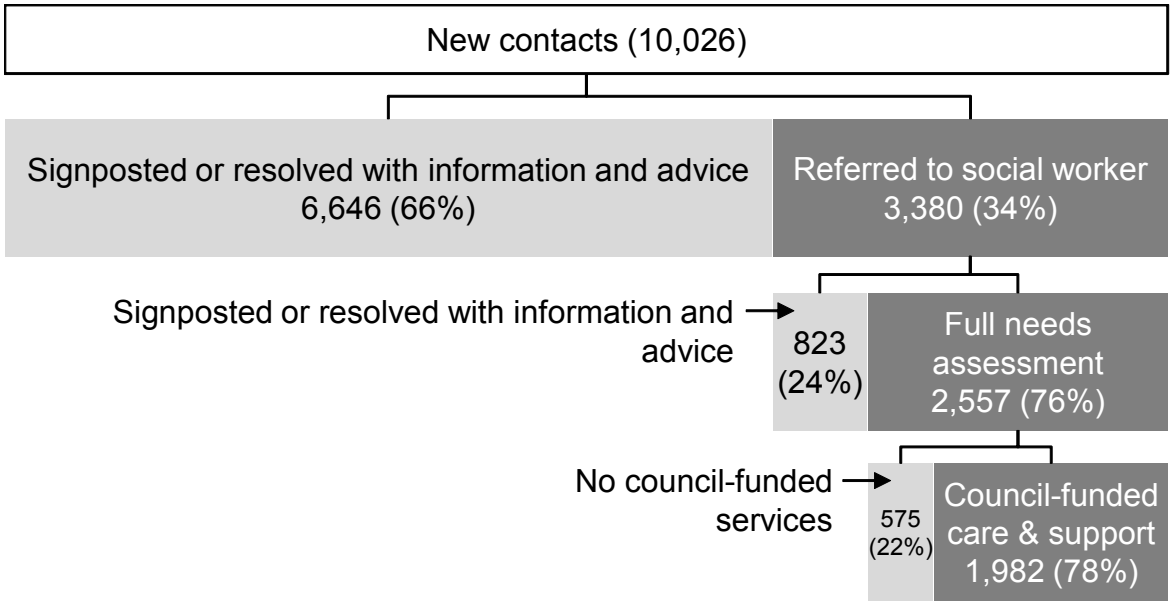
on community care budgets by 25%+" in Shropshire[21]. A nationwide study carried out by the BBC last year showed that Shropshire County Council spent less per person on care for people aged over 65 than any other Council in England[22]. Within Shropshire the total spend per person aged over 65 reduced 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).

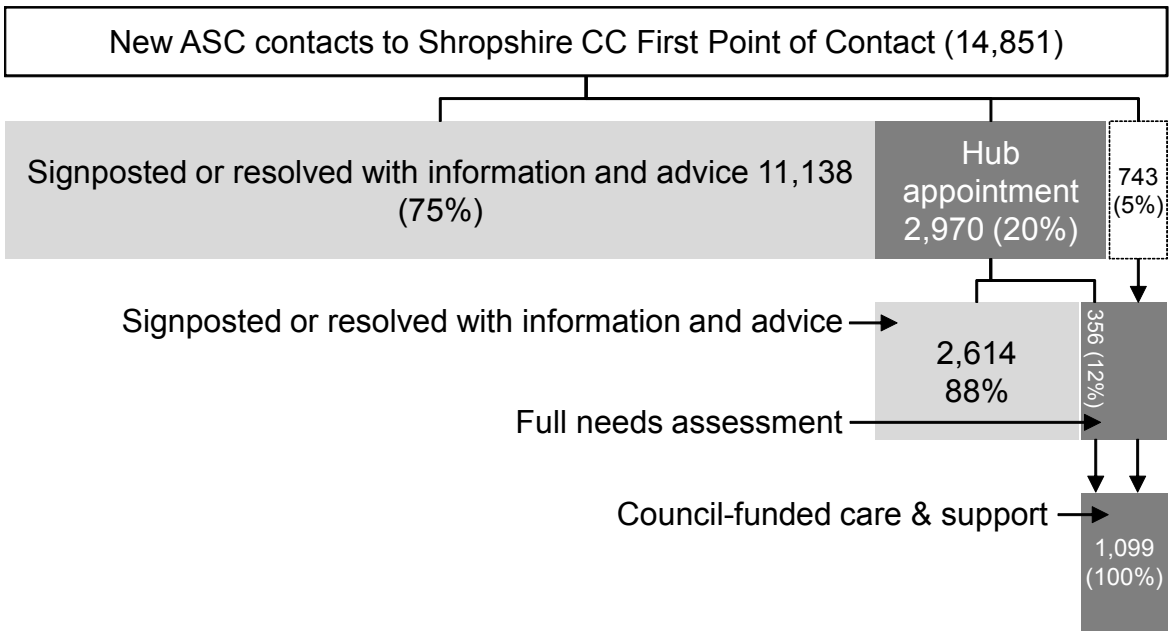
[22] http://shropshire.gov.uk/news/2015/01/providing-better-adult-social-care-services-while-spending-less/

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:

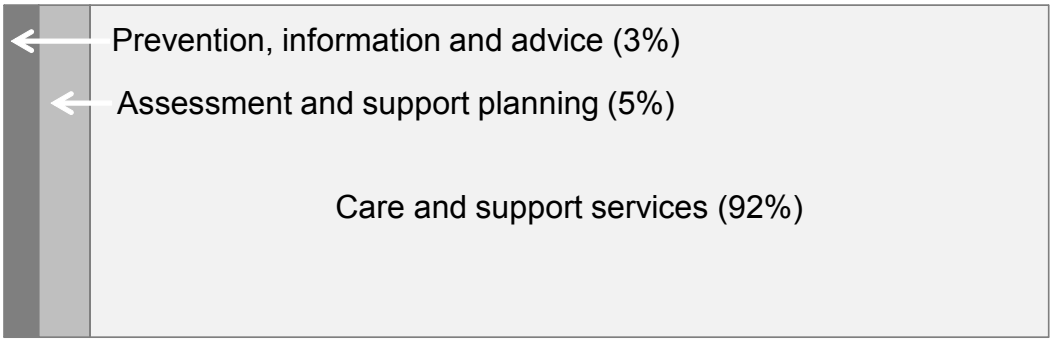
- Improvements to the process of reviewing care and support packages would mean more care and support plans are time-limited, with expenditure reducing as a person's independence increases over time.
- Use of community hubs would reduce waiting times for referrals, which would make interventions more 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.

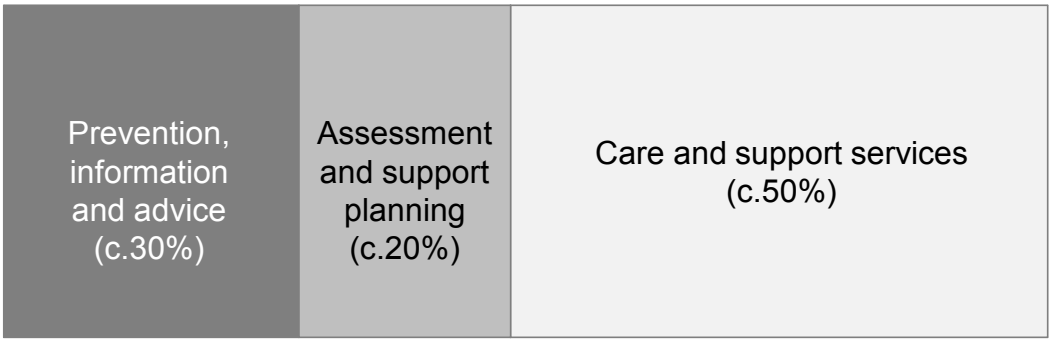
New allocation of ASC resources

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.

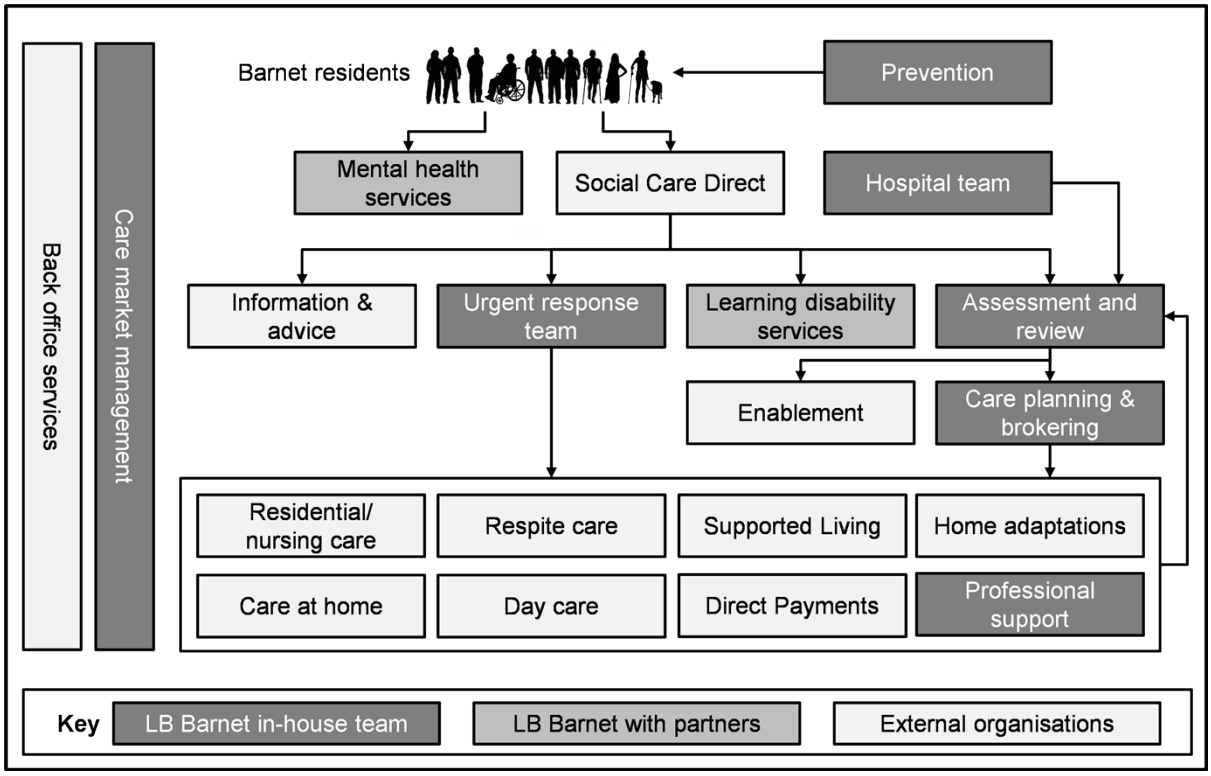
- Completing an appraisal of the ADM options (listed on pp9-10), including high level financial analysis of the costs, savings and other benefits associated with each option.

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 practitioner[23] 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.

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.

Local hub meeting 

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.

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.

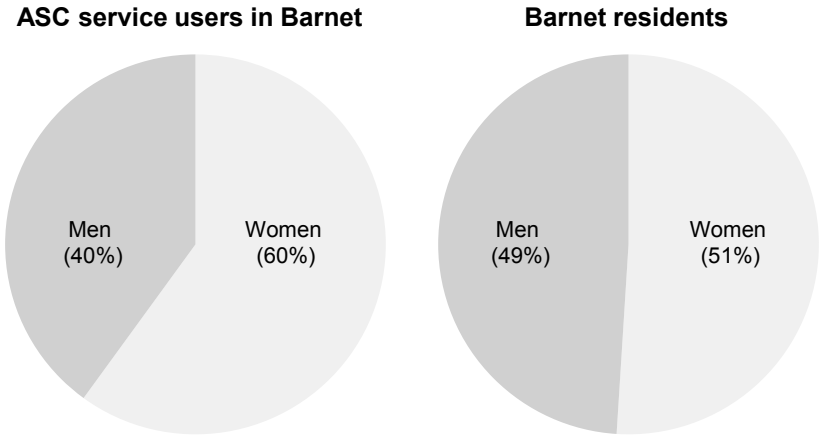
The equality duties are a mandatory relevant consideration in decision-making. Equalities issues will form a central part of decision-makers' consideration of project proposals and any subsequent policies. In considering the duties decision makers will consider the alternatives and all the countervailing 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.

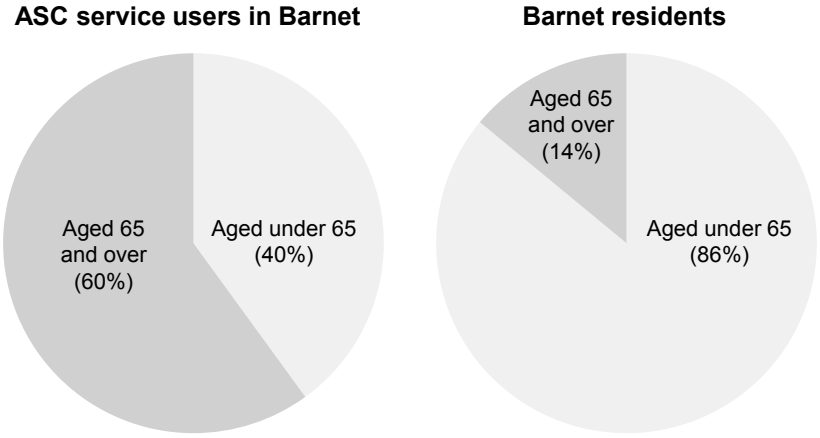
A full audit trail will be used to demonstrate that the Council has considered and complied with their equality duties. Usually an Equalities Analysis form is used to record considerations. Proper record-keeping encourages transparency and analysis will be published with relevant Council papers.

Equalities profile: service users

Gender



Age



Race and ethnicity

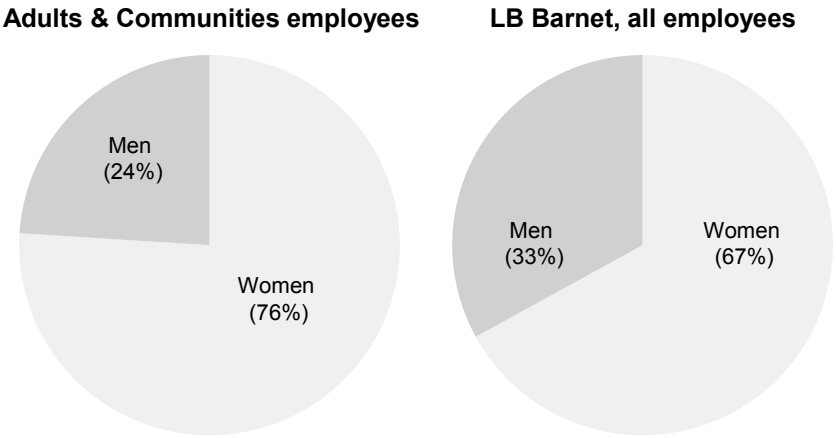
Race/ethnicity	Barnet ASC service users	Barnet residents
White	72.3%	64.1%
Indian, Pakistani or Bangladeshi	9.3%	10.0%
Black African	3.8%	5.4%
Black Caribbean	2.5%	1.3%
Black (other)	1.5%	2.7%
Chinese	0.6%	2.3%
Other Asian	2.7%	7.9%
Other ethnicities	7.3%	6.3%
100% =	4,895	357,653

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



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 ☒ / No ☐	Older people make up the majority of ASC service users. 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. Older people are also less likely than the general population to have access to the internet.	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. Communication about the project will use a range of appropriate channels that reflect the diversity of service users.

2. Disability	Yes ☒ / No ☐	In the 2011 Census, 6% of Barnet residents said they suffered a health condition that limits their day-to-day activities "a lot". 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.	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. 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.
3. Gender reassignment	Yes ☐ / No ☒	Data unavailable at this point. This protected characteristic will be taken into account at a later stage if data becomes available. No impact on this protected characteristic is anticipated.	None at this time.
4. Pregnancy and maternity	Yes ☐ / No ☒	Data unavailable at this point. This protected characteristic will be taken into account at a later stage if data becomes available. No impact on this protected characteristic is anticipated.	None at this time.
5. Race / Ethnicity	Yes ☐ / No ☒	No impact on this protected characteristic is anticipated.	None at this time.

6. Religion or belief	Yes ☒ / No ☐	Religious holidays may mean some service users are unable to attend their next available local hub appointment.	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.
7. Gender / sex	Yes ☐ / No ☒	Women make up the majority of ASC service users. No impact on this protected characteristic is anticipated.	None at this time.
8. Sexual orientation	Yes ☐ / No ☒	Data unavailable at this point. This protected characteristic will be taken into account at a later stage if data becomes available. No impact on this protected characteristic is anticipated.	None at this time.
9. Marital Status	Yes ☐ / No ☒	Data unavailable at this point. This protected characteristic will be taken into account at a later stage if data becomes available. No impact on this protected characteristic is anticipated.	None at this time.
10. Other key groups? Carers People with mental health issues Some families and lone parents People with a low income	 Yes ☒ / No ☐ Yes ☐ / No ☒ Yes ☐ / No ☒ Yes ☐ / No ☒	The ASC service supports carers and people with mental health issues. Carers may find it difficult to leave home to attend a hub appointment. No other impacts on these protected characteristics is anticipated.	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.

Unemployed people	Yes ☐ / No ☒		
Young people not in employment education/training	Yes ☐ / No ☒		

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
☐	☐	☒

7. Scale of impact

Positive impact:	Negative Impact or Impact Not Known	
Minimal ☐ Significant ☐	Minimal ☐ Significant ☐	

8. Outcome

No change to decision	Adjustment needed to decision	Continue with decision *(despite adverse impact / missed opportunity)*	If significant negative impact - Stop / rethink
☒	☐	☐	☐

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.