

Appendix A

Adult Social Care Barnet – Transforming the Adult Social Care ‘Offer’.

1. Introduction

1.1 Following the General Election in May 2015, the Council updated the assumptions in its Medium Term Financial Strategy (MTFS). This presented a revised budget gap for 2016-20 estimated at £29.4m more than the proposals previously set out. This is mainly a result of an anticipated reduction in funding that Barnet will receive from Government.

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

(a) Maximising the revenues we generate locally through growth and investment

Growth is an essential part of the Council’s strategy as we become less reliant on Government funding and generate more of our income locally. Residents will continue to share in the benefits of growth, with increasing housing development leading to an increase in the tax base and, subsequently, helping the Council maintain low Council Tax bills. In parallel, growth in the local business economy will enable and support business rates receipts which are now directly related to Council funding.

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

Most residents will benefit from the opportunities that growth brings, but some will require additional support so they do not miss out. A clear priority for the Council is to continue to work effectively with other parts of the local public sector to help residents get a job.

(c) Investing in the future

Barnet will not be able to support the growth needed to ensure the Council’s financial independence without investment for the future. The Council’s regeneration programme will see £6bn of private sector investment over the next 25 years to ensure the borough remains an attractive place to live and do business. The Treasury has made significant financial commitments to support our regeneration plans at Grahame Park and Brent Cross Cricklewood, including £97 million to fund a new Thameslink station. The Council intends to hold a stake in these future regeneration plans and this will help the sustainability of the Council’s finances not just through to 2020, but beyond.

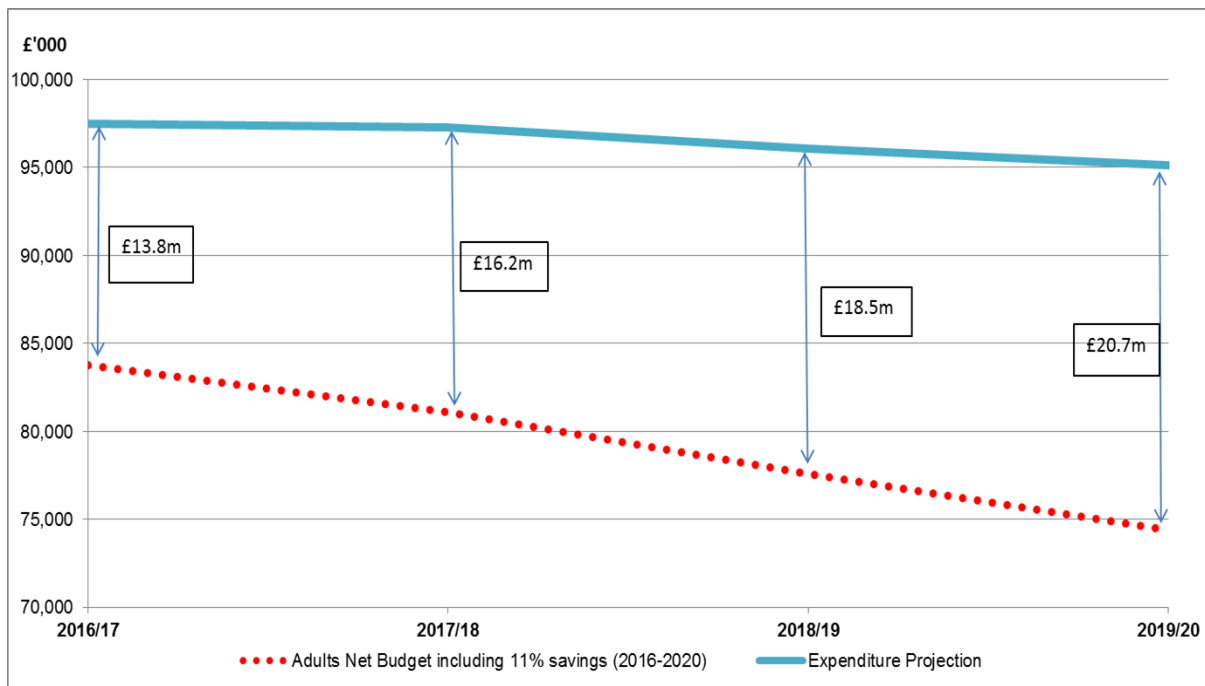
(d) Managing demand on services

At the same time as continuing supply-side reforms over the next 5 years - making changes to the way services are designed in order to drive savings - the Council will also need to oversee a step-change in its approach to managing the demand on services wherever possible, through early intervention and tackling the causes of problems rather than treating the symptoms.

2. Context Adult Social Care in Barnet

Scale of the Local Challenge

2.1 The chart below shows the scale of the challenge for the Adult Social Care budget up to 2020. The Council's Adults Services Budget is £83.7m in 2016 reducing to £74.4m by 2020.



2.2 Adult Social Care has experienced a combination of demand growth and cost increases of nearly 25% over the last five years. This has been absorbed by the service through significant spending reductions and increased efficiency.

2.3 In recent years, Barnet has successfully reduced costs in the residential care and day-care sectors but further savings require a reduction in the number of people receiving this type of high dependency service. For example the average spend per service user for an adult with learning disabilities in residential care is £56,766 but this reduces to £33,646 for Support Living and drops further still to £11,202 for extra care living.

- 2.4 Inflation has been c.2.4% each year, cumulatively 11.8% since 2010. Barnet's population has grown from 330,800 in 2011 to 367,265 in 2014 - an increase of 11% in all age groups - but with a threefold increase in the number of adults over 65 years. To illustrate what this means - if there was no change to Adults Social Care spending from 2010, current spending would be £122m (assuming spending increasing pro-rata for CPI and population growth), yet it now in fact stands at £83.6m for 2015-2016. This means that there has been c£39m of cost avoidance, redesign and deferred demand in the last 5 years.
- 2.5 The London Borough of Barnet has a population of 50,691 people over 65 years of age, this represents 13.9% of Barnet's population. This represents 0.4% of the total England population of people aged over 65 years. This large population of older people will put significant additional pressures on the adults social care system if we do not systematically change the expectations and needs of our residents.
- 2.6 In 2014-2015 there were 1,320 adults in residential care, 356 in supported living and 101 in extra care. By taking action to rebalance our provision of these, and similar, services to reduce the numbers in residential care and increase those in less intensive settings, we can constrain and reduce costs. However, such changes take time to plan and implement in a way that is both financially effective, accepted by service users, carers and residents, and does not lead to unnecessary legal challenge against the authority.
- 2.7 Increased numbers through accident and emergency have led to more people entering the wider healthcare system and progressing through to adult social care. A&E related referrals to Adult Social Care has increased from 2,650 in 2010/11 to 3,814 in 2014/15 (+44%), which has driven an overall increase in social care referrals from 9,645 in 2010/11 to 10,064 in 2014/15 (+4.5%). Although it should be recognised that admissions to residential care are now reducing as part of our wider work for the Better Care Fund.
- 2.8 Taken altogether, a growing adult population, continued price pressures affecting residential- and home-care, and reduced budgets means that the resources for the next five years are stretched very thinly indeed; We will need to adopt a radical new approaches to secure a sustainably balanced the budget.

3. Transformation Activity

- 3.1 Nationally Adult Social Care is experiencing increasing levels of demand, a rapid reduction in the total local government resource available to pay for adult social care services, and is working with challenged health economy.
- 3.2 In recent years the Council has secured savings by securing large scale efficiencies in the operational of Adult Social Services and our contracts with suppliers. However, it is now at the point where radical new ways of thinking about how to balance our budget position is needed because further efficiencies will not be at the scale required to close the budget gap.

- 3.3 The Council is taking forward an adult services transformation programme. This programme will accelerate new approaches to independence, demand management and behaviour change. This work has been designed to complement and support the work of local partners.

Independence: Accommodation Strategy for Vulnerable Adults

- 3.4 The Barnet Accommodation Strategy for Vulnerable People is being developed to ensure accommodation provision is centred on the individual to enable them to participate fully in their community and promote their independence and wellbeing. In same way as the rest of the population in Barnet, vulnerable people will have a greater choice and control over their lives and how they are supported, including the type of accommodation that they want to live in. An innovative and flexible accommodation offer will ensure that people will remain independent in their homes for longer with support where it is needed, whilst supporting people to help themselves as much as possible.
- 3.5 The Accommodation Strategy supports the social care strategic vision to focus on managing demand and promoting independence, with a greater emphasis on early intervention. This approach will:
- Enable more people to stay independent and live for longer in their own homes;
 - More young people with complex disabilities will stay in Barnet, where they grew up, and live in their own homes, with education and training opportunities helping them to grow in independence;
 - People with mental health needs will receive support in the community to help them stay well.

Independence: employment support for carers and clients

- 3.6 Employment brings opportunities for social care clients to gain independence and can often lead to psychological and social benefits. However, it can be difficult for carers and clients to find and retain employment. This means that neither the individual nor the borough receive the economic benefits of employment.
- 3.7 The Council will commission effective employment services to provide direct support to people with health and social care needs, work with employers to secure routes into employment and continue to provide support so that individuals remain in employment.

Independence: New models of day-care

- 3.8 New models of day-care will be developed with clients, carers and providers to achieve the aims of independence and choice. These new models would include a range of day opportunities that would be designed to meet the needs and aspirations of clients and carers.

Demand Management: Effective Prevention

- 3.9 For early intervention and prevention activities to be really effective at reducing demand, they should be evidence based and regularly assessed for effectiveness. As part of the programme of work reviewing third party spend by the Council the following will happen:
- Identify the most effective activities to delay and prevent the need for high cost services
 - Work with our voluntary and community sector partners to find the best way to provide these activities

Demand Management: Technology

- 3.10 Exploring a partnership with an assistive technology provider, the Council will extend the use of assistive technology (e.g. sensors, alarms, and monitoring systems) in individuals' homes and in residential and nursing care settings to increase independence for individuals whilst managing risk. This is expected to lead to a reduction in a number of care package costs (e.g. reduction in requirement for waking/sleeping nights).

Changing Behaviours: alternative delivery model

- 3.11 The alternative delivery model will introduce significant cultural change across adult social care. Practitioners will be asked to change their working practices and will be given greater autonomy to exercise their professional judgment to develop innovative care packages. The Council will work differently with community and voluntary organisations, involving them as equal partners in the process of designing and delivering the service. People using the service will also need to be willing to re-think their expectations and interact with the Council in a different way. A much greater emphasis will be placed upon preventative services and early, targeted interventions.
- 3.12 Groups of people at risk of developing social care needs in the future will be identified and supported to maintain their health and independence. A new approach will be taken when people approach the Council for ASC support: rather than offering many people a full needs assessment in their home, community hubs will be used to host initial conversations, that will focus upon helping people use their own strengths to improve their lives and look first to community and natural supports before considering paid support.

Mental Health

- 3.13 The customer journey, staffing structure and relationship with Barnet, Enfield and Haringey Mental Health Trust will be re-shaped to re-focus social care on recovery, social inclusion and enablement. This programme of work will reinforce the importance of employment outcomes and wider public health prevention as part of the Barnet Enablement Pathway.

4. A sustainable health & social care economy.

- 4.1 This report provides the Board with details of the commissioning priorities and financial pressures for Adult Social Care services in Barnet. However, the council recognises that these activities are part of a wider network of Health & Social Care Commissioning activity that is taking place.
- 4.2 The section below highlights areas of activity where the CCG and local authority could expand and deepen its current joint working.

A whole system approach to health and care

- 4.3 Managing out demand for urgent care can only be achieved by rebalancing reactive and unplanned spending on clients and patients identified as at risk of admission to hospital or residential care through joint targeted investment in services that divert or prevent individuals from these high cost services.
- 4.4 By adopting a whole system approach to health and social care it will be possible to look at the triggers for dependency across the whole life course and put in place activity to manage out future demand (often outside of the traditional health & social care domains – employment, housing, planning). To do this successfully partners need to jointly understand the key ‘trigger’ points and put in place evidence-based actions to stop, delay or divert dependency from high cost public services. It is important that we are clear the pressures faced by partners and jointly plan activities that will deliver an effective return on investment (in the long, short and medium term) because this will help us to plan savings delivery in our future resource planning.

Better Care Fund

- 4.5 The recent announcement of a renewed Better Care Fund (BCF) grant for next financial year (2016/17) is an important milestone for local whole-system working. Although the details of the grant terms and conditions, the distribution method for the funding and the precise value of the benefit to Barnet is yet to be confirmed (this is expected after the publication of the government’s Spending Review in late November 2015), it would be timely begin early development of plans based on the learning from the 2015/16 BCF and given the wider context described above.

Behaviour change – residents and providers

- 4.6 Provider behaviour change: the transactions between key individuals (GPs, social workers, teachers, midwives) shape how individuals and families respond to their own social care needs and those of the people they care for. We need to understand the points where advice is given to individuals and ensure that this does not limit aspirations for employment, a family life or self-management. (For example, there is evidence that the advice given to

individuals immediately following a stroke will determine whether they return to work, or not, regardless of the severity of the stroke.)

- 4.7 Individual behaviour change: we need to significantly shift our expectations of what individuals can do for themselves and ensure that we enable individuals to manage their health and wellbeing. This is not about asking individuals themselves to replace services provided by the NHS or the Council rather, it seeks, through a creative behaviour change programme, to enable self-management and change patterns of service use.

Evidence Based Interventions

- 4.8 There has been a large growth in the resources and tools available to identify high impact interventions over the last five years. These tools can helpfully speed up the needs assessment, strategic planning, and service design elements of the commissioning cycle and allow partners to move more quickly toward the specification and procurement of local interventions. Examples include:

- NICE Guidance and Tools
- HM Treasury Green book and supplementary evidence on Cost Benefit Analysis
- Alliance for Useful Evidence
- PHOF and associated PHE resources
- CIPFA financial and cost benchmarking and DCLG local government finance data sets
- Early Intervention Foundation.

- 4.9 These resources should be routinely employed to identify the activities with the highest impact on outcomes in the short, medium and long-term and thereby greatest potential return on investment. Where there is already high quality evidence of positive impact from a range of previous trials and studies we should seek to implement at scale, rather than revisit the evidence base through further locally commissioned 'pilot schemes' and small scale local 'trials'.

- 4.10 It has been further identified that some new models of care have failed to secure the anticipated benefits because the model was only partially adopted. Fully adopting best practice, with clear 'fidelity to the model', is absolutely key to ensuring that the intervention delivers expected benefits. Unfortunately the implementation of local small scale pilots can result in adaptations or changes that dilute the achievement of the expected benefits.