

	Health and Wellbeing Board 12 November 2015
Title	Adult Social Care Commissioning Priorities
Report of	Commissioning Director – Adults and Health
Wards	All
Date added to Forward Plan	October 2015
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A: Adult Social Care Barnet – Transforming the Adult Social Care ‘Offer’
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Summary

The Adults and Safeguarding Committee on the 12 November 2015 will be considering, in detail, the proposed business plan through to 2020 for adult social care. This report provides an overview of the Council’s Adult Social Care commissioning priorities alongside the financial context for them. It highlights both the opportunities and challenges for adult social care as it seeks to further integrate services with the NHS.

The report identifies how the Council will be taking forward a programme of work to transform the way it commissions Adult Social Care services to create greater independence and help residents to stay well. It also highlights how a place-based approach to adult health and wellbeing will help future manage demand for services, for example in the ways that housing and employment services are being commissioned and how this is related to adult social care.

The report recognises that the CCG and the Council, as the largest commissioners of the Barnet health and social care economy, have opportunities to work together to start to

address the future sustainability of the health and social care economy. Suggestions for closer working are provided within the report.

Recommendations

- 1. That the Health and Wellbeing Board notes the Adult Social Care Commissioning Priorities set out in paragraphs 1.4 and 1.5.**
- 2. That the Health and Wellbeing Board notes the financial context for the provision of Adult Social Services in Barnet and, in line with national guidance, the need for the Better Care Fund to provide funding for the protection of adult social care in 2016/17.**
- 3. That the Health and Wellbeing Board notes the need for financial sustainability across the health and social care economy in Barnet and endorses the areas highlighted for future joint work as set out in Appendix A of the report.**

1. WHY THIS REPORT IS NEEDED

- 1.1 Nationally, Adult Social Care is experiencing increasing levels of demand, combined with a rapid reduction in the total local government resource available to pay for adult social care services and a challenged health economy.
- 1.2 In recent years the Council has secured savings by implementing efficiencies in the direct operation and delivery of Adult Social Services and also through contracts with suppliers. However, because greater efficiency alone will not be at the scale required to close the gap between population demand and resources available, the Council is now at the point where it is necessary to find new ways to deliver services and to secure a balanced budget position.
- 1.3 These new ways of working will only be possible if the Council works in partnership with the CCG to establish a shared approach to creating a sustainable health and social care economy. This would include rethinking our approach to BCF and rebalancing of funding within it, working with our clients and staff to change behaviours and ensuring that we implement evidence based practice across all pathways. Joint working between local NHS partners and the council is essential to achieve the demand management changes required, in social care and in the NHS, as actions in one part of the system affect demand in other areas.
- 1.4 The Adults and Safeguarding Commissioning Plan agreed by the Adults and Safeguarding Committee in March 2015, sets the outcomes to be achieved from adult social services through to 2020 as set out below. The business planning report being considered by the Adults and Safeguarding Committee on the 12 November 2015 sets out the priority areas to achieve these outcomes whilst achieving savings totalling £18.5m. Reshaping services in line with these priorities form the basis of the adults commissioning intentions for the period through to 2020.

1.4.1 Outcomes

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

1.4.2 Priorities

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

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

1.4.3 Improving information and advice and support offer

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

1.4.4 Housing and Support

- Development of an accommodation strategy for vulnerable adults
- Increasing range of housing options for older people
- Increasing access to home adaptations.
- Extensive roll-out of telecare.

1.4.5 Managing Demand through social inclusion

- Reshaping day care for working age adults to promote greater levels of employment and inclusion and choice
- New mental health enablement model
- Work with third sector providers and community to identify key ways in which to support vulnerable residents in Barnet.

1.4.6 Delivering Differently - Changing Behaviours: Community, Individuals and Staff

- Alternative Delivery Model for adult social care
- Workforce restructuring to reduce management layers and diversify the skill mix of the service
- Health and Social Care Integration – whole systems commissioning of health and social care and development of integrated locality teams to support those with greatest levels of frailty and risk of hospital admission.

1.6 Further details on key issues facing Adult Social Care in Barnet and opportunities for partnership working are set out in appendix A to this report.

2. REASONS FOR RECOMMENDATIONS

2.1 This report updates the Health and Wellbeing Board on the current position for adult social care services and provides the context for the development of the Better Care Fund for 2016/17 which will be overseen by the Barnet Health and Wellbeing Board.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable

4. POST DECISION IMPLEMENTATION

4.1 The adult services transformation plan will be taken forward as outlined in appendix 1. It is expected that Barnet CCG and Barnet Council will work together in the period November 2015 through to March 2016 to agree a sustainable Better Care Fund for 2016/17 which supports the achievement of both the CCG's Commissioning Intentions and Adult Social Care commissioning intentions. This work will be undertaken through the Health and Wellbeing Board Financial Planning Group and reported back to the Barnet Health and Wellbeing Board.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Relationship to the Joint Health and Wellbeing Strategy: this report identifies a small number of strategic actions where further joint working between the CCG and the Council could accelerate the delivery of the Joint Health and Wellbeing Strategy.

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

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

5.1.3 Appendix A provides details of how these priorities will be taken forward within Adult Social Care.

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

5.2.1 This report identifies areas where it is proposed to deliver savings to meet the financial challenges facing the Council and in line with the target savings set by the Policy and Resources Committee on 9th July 2015. The Policy and Resources Committee tasked the Adults and Safeguarding Committee with developing proposals for savings of £18.5m between 2016 and 2020. The Adults and Safeguarding Committee will be considering proposals to achieve this savings target. If approved by the Committee these will then be subject to public consultation with the outcomes being reported to Policy and Resources Committee on 16 February 2016.

5.2.2 In addition to the proposed savings target of £18.5m, the Medium Financial Strategy includes £8.9m of pressure funding for adult social care. The priority focus will be reducing demand for Adult Social Care Services through the development of a range of services as an alternative to high cost provision and commissioning the most effective prevention and early intervention services.

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

5.2.4 The Government has confirmed that the Better Care Fund (BCF) will continue into 2016/17 with local funds being at least their current size. The Barnet Better Care Fund is £23.4m and is used to fund health services, social care services, major adaptations through the Disabled Facilities Grant and to make investments into the development of integrated services.

5.2.5 Prior to the BCF, the Council received section 256 monies for the funding of social care services which benefited health with a value of £6.6m. The section 256 monies were consolidated into the BCF in 2015/16. Adult Social Care services currently receives £4.2m of funding through the BCF for the protection of social care with the balance of the £6.6m being spent on health and social care integration projects. The Barnet Health and Wellbeing Board Finance Sub-Group received and considered a report from the London Borough of Barnet on the 21 October 2015 setting out the case for a greater proportion of the BCF to be set aside for the protection of adult social care in 2016/17.

5.2.6 The two charts below (figures 1 and 2) illustrate the increasing in-balance within the local health and social care economy with a concentration of resources on higher cost reactive services. Rebalancing the system towards earlier preventative social care services will create a more sustainable health and social care economy.

Figure 1: Trends in referrals to adult social care from 2009/10 (JSNA data)

Referrals	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	% increase since 2009/10
Primary Health	1,635	1,460	1,800	1,585	1,660	1,702	4%
Secondary Health	2,565	2,650	2,780	2,985	3,425	3,814	49%
Other	5,575	5,535	5,170	4,090	4,055	4,548	-18%
Total	9,775	9,645	9,750	8,660	9,140	10,064	3%

Figure 2: Financial implications of referrals from the NHS

	2012/13	2013/14	2014/15
Integrated team work			111,000
7 day social worker			60,000
Costs on health enablement*	1,066,008	1,139,110	1,287,722
Residential**	2,991,838	3,740,149	4,465,955
Homecare***	2,384,122	2,236,431	2,523,446
Gross costs	6,441,969	7,115,690	8,448,122
Less Resilience Monies	(989,000)	(325,000)	(120,000)
S256 funding for health demand			(431,000)
Costs less CCG Funding	5,452,969	6,790,690	8,328,122
One off DOH monies			(450,000)
Total Costs	5,452,969	6,790,690	7,878,122

* Based on 78% referrals as per current year to date data – use of enablement services on health referrals is preventing the council from using enablement with existing social care users and reducing the cost of their social care packages (opportunity cost to be modelled).

** Residential 5% referrals as per current year to date data - could be higher as no winter numbers

*** Homecare costs calculated on 30% of enablement cases being referred for homecare

5.2.7 The Council and NHS will be notified of the arrangements for the 2016/17 Better Care Fund through the autumn spending review statement and the Operating Guidance which is issued by the NHS in December of each year.

Work to develop the Barnet Better Care Fund for 2016/17 will therefore be undertaken during November 2015 to February 2016 with the outcomes being considered as part of the Adults and Safeguarding Committee's submission to the Policy and Resources Committee as well as the CCG's Governing Body and the Health and Wellbeing Board.

5.3 Social Value

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

5.3.2 In taking forward the proposals due regard will be paid to the Social Value Act. The Social Value Act will be a useful tool in ensuring that our activities are embedded in prevention and early intervention. We will seek 'added-value' from providers who can bring in wider social benefits, such as where apprenticeships are provided.

5.4 Legal and Constitutional References

5.4.1 All of the proposals are designed to ensure that the Council continues to fulfil all of its duties under the Care Act and associated legislation.

5.4.2 Terms of Reference of the Health and Wellbeing Committee are set out in the Council's Constitution, Part 15, and Responsibility for Functions, including. The responsibilities of the Health and Wellbeing Committee:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

5.5 Risk Management

5.5.1 The council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the organisation. Risk management information is reported quarterly to the council's internal officer Delivery Board and to the relevant Committees and

is reflected, as appropriate, throughout the annual business planning process.

- 5.5.2 Risks associated with each individual plan will be outlined within the individual Committee report as each proposal is brought forward to the relevant theme Committee.

5.6 Equalities and Diversity

- 5.6.1 As individual proposals are brought forward for consideration by the Health and Wellbeing Board, each will be accompanied by an assessment of the equalities considerations, setting out any potential impact of the proposal and mitigating action.

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

5.7 Consultation and Engagement

- 5.7.1 Appropriate public consultation will take place on any new service proposals that are developed as a result of the suggestions contained in this report.

5.8 Insight

- 5.2.1 The proposals have been developed using the Joint Strategic Needs Assessment (JSNA) which outlines the current and projected needs of the borough's population.

6 BACKGROUND PAPERS

- 6.1 Adults and Safeguarding Commissioning Plan 2015 – 2020, Adults and Safeguarding Committee, 19 March 2015, item 8:
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7933&Ver=4>
- 6.2 Draft Joint Strategic Needs Assessment (JSNA) and emerging priorities for the Health and Wellbeing Strategy, Health and Wellbeing Board, 30 July 2015, item 6:
<https://barnet.moderngov.co.uk/documents/s24989/Draft%20Joint%20Strategic%20Needs%20Assessment%20JSNA%20HWBB%20July%202015.pdf>
- 6.3 Health and Wellbeing Priorities for 2015 – 2020, Health and Wellbeing Board, 13 November 2014, item 7:
<https://barnet.moderngov.co.uk/documents/s19164/Health%20and%20Well-Being%20Priorities%20for%202015-20.pdf>