

	<h2>Adults and Safeguarding Committee</h2> <h3>19 September 2016</h3>
Title	Revised business case on adult social care alternative delivery vehicle and implementation of the new operating model
Report of	Dawn Wakeling, Adults and Health Commissioning Director
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A: Report on Public Consultation Appendix B: ADV Revised Business Case
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Summary

In November 2015 the Adults & Safeguarding Committee approved the approach to a proposed new operating model for adult social care and agreed an approach to developing an outline business case for an alternative delivery vehicle. In March 2016, the Committee shortlisted three options for an alternative delivery vehicle; agreed to public consultation on the proposed operating model and the three delivery vehicles; and approved the approach to developing a revised business case with a recommended alternative delivery vehicle option to be brought to Committee for consideration in September 2016.

Public consultation and further analysis on the shortlisted delivery model options has now been completed. This paper presents the findings of the public consultation for consideration: the appraisal of the three alternative delivery vehicle options; and a progress report on work to test and pilot the proposed new operating model. The full findings of the

public consultation and a revised business case are attached as Annexes.

There have been significant changes in the strategic context for both NHS health commissioning and healthcare providers following the national policy requirement to develop five year Sustainability and Transformation Plans. This context has prevented a more detailed appraisal of the NHS shared service option. Nevertheless, the NHS shared service option still shows strong potential for significant improvements for Barnet's residents in the medium to longer term and is well aligned to the Council's direction of travel for health and social care integration, as set out in the Barnet Better Care Fund plan agreed by the Health and Wellbeing Board.

The Public Service Mutual option can deliver an additional catalyst for culture change and innovation through staff ownership and engagement. Changing to a PSM model would involve significant change for ASC staff and potentially would be a significant distraction from implementation of the proposed new operating model. It is also the least popular option in public consultation. A risk of the PSM option is that it has not been tried and tested widely enough in statutory services to provide sufficient confidence it would be successful in Barnet. Further, detailed financial modelling has shown that potential additional financial benefits through a PSM would have a long lead in time.

On this basis the report recommends that the public service mutual option is not taken forward and that further time is given to develop the NHS shared service option. A further Committee paper in 2017 would then present an updated business case comparing the NHS shared service option to the reformed in-house service.

The report also recommends that whilst this work is carried out, the proposed new operating model is implemented within the current service, in order to deliver the improvements it offers and in response to consultation feedback.

Recommendations

- 1. That the Adults and Safeguarding Committee considers the findings of the consultation on the new operating model and the alternative delivery vehicle.**
- 2. That the Adults and Safeguarding Committee agrees to the implementation of the new operating model within the current service.**
- 3. That the Adults and Safeguarding Committee notes the context of long term planning for the NHS through the Sustainability and Transformation Planning process.**
- 4. That the Adults and Safeguarding Committee agrees to the continued development of two delivery vehicle options: a reformed in-house service and a shared service with the NHS, with a further report to be brought to the Committee in 2017, containing more detail on the NHS shared service option.**

1. WHY THIS REPORT IS NEEDED

- 1.1 On 26 January 2015, the Adults and Safeguarding Committee agreed that Barnet's model for delivering social care needed to be transformed and approved the initiation of a project to consider alternative delivery models for Adult Social Care (ASC).
- 1.2 On 12 November 2015, the first output of this project, a proposed new operating model for ASC, was presented to the Committee. The new operating model is based on a vision of shared responsibility between the state, the community and the person. It recognises that the role of ASC is to support people's independence and ability to be part of their communities for as long as possible. The model proposes changes to what ASC practitioners do (their processes) and to how they do it (their team and organisational culture and their working practices). By helping people to stay healthy and well, supporting them to regain their independence after illness or injury, and encouraging them to make greater use of community resources, the new operating model aims to reduce demand for Council-funded care and support.
- 1.3 On 7 March 2016, the second stage of this project provided the Committee with an initial evaluation of alternative delivery vehicles for adult social care, following which three were shortlisted for further investigation: a reformed in-house service; a shared service with the NHS; and a public service mutual organisation.
- 1.4 Since the March committee decision, the following has been carried out:
 - Development of a revised business case that develops the three shortlisted Alternative Delivery Vehicle (ADV) options in greater detail.
 - Testing the proposed new operating model through culture and process change.
 - Public consultation on how the new operating model should be implemented and on the three shortlisted ADV options. The consultation was explicit that the proposals described would apply to all adult social care practitioners including those working in mental health. This will ensure that the changes being implemented through the Mental Health Enablement Pathway are aligned with the rest of Adults and Communities.
- 1.5 The appraisal criteria used in the OBC presented to March committee were also used in the more detailed work undertaken in compiling the revised business case:
 - Could this option deliver the required culture and process change?
 - Could this option generate savings and / or additional income?

- Has this option been tested by other councils?

In addition, options were appraised against the following criteria:

- The likely timescales for implementation
- The projected cost of implementation
- The nature and level of service and financial risk presented by each option

1.6 The revised business case has been informed through the following activities:

- Analysis of consultation findings
- Legal analysis
- Financial modelling
- Engagement with staff and senior managers from the Adults and Communities (A&C) Delivery Unit
- Workforce analysis
- Further research
- Risk analysis

1.7 This report provides:

- A summary of the appraisal of Options A, B and C (section 2.1- 2.32).
- An update on work to test the new operating model (section 2.33 – 2.47).
- A report on the public consultation exercise (Appendix A).
- A revised business case developing each of the three shortlisted ADV options in greater detail (Appendix B).

2. REASONS FOR RECOMMENDATIONS

2.1 The alternative delivery vehicle work stream

2.2 The Adults and Safeguarding Committee reviewed the Outline Business Case (OBC) for a new way of delivering and organising ASC services in Barnet in March 2016 and approved the approach to developing the three shortlisted ADV options in more detail.

Option A: Reforming and delivering the service in-house

- 2.3 ASC services would continue to be delivered within the current organisational arrangements of the Council's A&C Delivery Unit, in partnership with Capita. The current transformation programme implementing the new operating model would be accelerated and enhanced to address financial and operational sustainability of the service.
- 2.4 This option had the highest level of support in the public consultation with 50% of respondents supporting it. However, respondents also stated a need for a cultural shift and improvement of current services.
- 2.5 Delivery of ASC through a council managed service is the most tried and tested delivery option, as it is currently in operation in Barnet and for the majority of ASC services in England.
- 2.6 Financial modelling has found that the in-house option will not enable the Council to deliver £1.96m savings through re-organising the service. However, the financial modelling has confirmed the potential for savings to be realised from third party spend by keeping people independent and well for longer through the successful implementation of the new operating model.
- 2.7 Engagement has taken place with staff from the ASC service in the Adults and Communities Delivery Unit, which has shown enthusiasm for the proposed new operating model to apply the strengths, based approach throughout the service user journey.
- 2.8 Under Option A, there would be no changes to terms and conditions and there are no plans to re-structure the service.

In terms of implementation, the reformed in-house option requires no implementation other than that required to implement the new operating model. This would apply to all three ADV options. In terms of risk, the risk to the Council does not change from the current position within the Delivery Unit.

Option B: Sharing services with public sector partner(s) such as local NHS organisations and/or other London Boroughs

- 2.9 The Council would join up with one or more local NHS organisations to deliver integrated health and social care services. As well as integrated front line delivery, it is envisaged that there would be a single organisation with an integrated social care and health management team, responsible for the delivery of local health services and ASC services.
- 2.10 The Council has been committed to health and social care integration with its Better Care Fund programme. The Council has previously agreed a business case for health and social care integration. The Better Care Fund plan for integrated care has been agreed by and is reviewed regularly at the Health

and Wellbeing Board. This integration journey would be continued and expanded upon under this option.

- 2.11 Since the OBC report to the Adults and Safeguarding Committee in March 2016, significant changes have been taking place in the NHS system. Guided by NHS England, health commissioners and providers are currently in the process of developing their five year 'Sustainability and Transformation Plans (STP)'; showing how local services will evolve and become sustainable over the next five years – ultimately delivering the future vision for the NHS as set out in the 'Five Year Forward View'. This process has had an impact on progressing a detailed options appraisal on an NHS shared service to present to Committee for the September meeting. It is now proposed to bring a further report on this to committee in 2017.
- 2.12 Public consultation showed 41% of respondents supported this option. Face to face engagement sessions also showed general support for this option.
- 2.13 Legally, a shared service with the NHS can be achieved through well-established mechanisms such as Section 75 agreements, as permitted by National Health Service Act 2006. This option further builds on local arrangements with a number of Section 75 agreements already in place.
- 2.14 It was not appropriate at this stage to undertake detailed financial modelling on this option. However it should be noted that the NHS is an important factor in any approach to create financial sustainability, as 55% of referrals to ASC services are received from primary and secondary health care providers.
- 2.15 Staff engagement showed that staff in the A&C Delivery Unit saw the benefits of further health and social care integration, in particular the smoother experience for service users receiving all their care through one joined up support pathway.
- 2.16 Further detail on the future organisational structure of this option would need to be developed with the Council's health partners. One of the key benefits of a full structural integration would be the opportunity to reduce duplication of effort between the different organisations and drive efficiencies in management capacity. It is therefore likely that this option would necessitate restructuring management arrangements. Implications regarding terms and conditions for the current A&C workforce would need to be considered as part of the next phase of detailed planning for this option.
- 2.17 A risk assessment of this option would be carried out during the detailed development of the option.

Option C: Establishing a public service mutual organisation

- 2.18 Public Service Mutuals (PSM), as alternative vehicles for service delivery have increased in popularity in recent years, though very few are to date fully operational providing adult social work and assessment. In its purest form, a PSM would be independent from the Council, any surplus it generated would be re-invested in the service and it would be at least partially owned by its staff.
- 2.19 Public consultation showed 63% of respondents opposed this option. This was also reflected in face to face engagement sessions, where, whilst recognising some potential for innovation and improvement through this option, there were concerns about a potential lack of accountability. Legal advice was sought on governance, procurement and tax issues and available legal structures of ownership of the model and their implications for the management of financial and organisational risk. A PSM would be subject to procurement rules and the Council would be required to tender the service at some point in the future. If this option were pursued, it would involve the setting up of an independent organisation with the required lead in times.
- 2.20 The benefits associated with PSMs can largely be described as soft benefits, such as a greater level of staff involvement and engagement, the opportunity to innovate and reducing some of the 'red-tape' that is often associated with working within the Council as a much larger organisation. As outlined in previous reports to Committee, our research and engagement has indicated that staff and service users in adult social care PSMs valued the opportunities they presented for culture change and a new relationship between residents and the service.
- 2.21 Detailed financial appraisal of this option has shown that it is very difficult to quantify these softer benefits in potential savings terms. Doing so is subject to a number of assumptions, many outside the direct control of the Council and therefore it remains too speculative to apply these softer benefits as the basis for a financial business case for creating a PSM. There are other savings that can be financially modelled with a greater degree of certainty, such as implementing a PSM with a streamlined management structure. However, these have shown not to deliver the necessary risk resilience against a backdrop of a service that is currently overspending on its' third party spend budget. Other PSMs have delivered workforce savings through changes to staff terms and conditions. However, this is considered to be a risky approach in the London and Barnet context of difficulties in recruiting and retaining social workers. Other means to achieve staffing savings in addition to those already in the Council's current MTFs are considered unlikely through a PSM. The financial modelling has shown the likely cost of implementing a PSM to be in the region of £750k, reducing the forecast financial net benefit for the

Council. If savings from reducing operational costs were to be achieved, they would not be realised within the current MTFS period to 2019/20, as modelling shows they would be realised at a minimum of four years after set up of the PSM.

- 2.22 Direct engagement with staff has shown limited support for this option, on the basis that implementing a PSM could release the energy to accelerate the changes introduced through the new operating model. A risk identified in implementing the PSM option is that it could reduce staff engagement in delivering the new operating model, as the focus turned to implementation of the organisational form of the PSM and staffing changes.
- 2.23 There are workforce implications with the PSM option because staff would transfer to the new organisation under TUPE arrangements. As set out above, operational savings from workforce terms and conditions are possible but risky in the current context for social care.
- 2.24 Because of the feedback from public consultation, the risks and the negligible financial benefit, it is proposed that the PSM option is no longer pursued as an alternative delivery model approach.

Testing the new operating model work

- 2.25 Following the Committee's decision in March 2016, work commenced alongside the public consultation to test out the proposed new operating model through trialling practice, culture and process change, through three key activities:
- Piloting two Adults Assessment Hubs in Barnet, where users and carers had their discussions with a social worker in a clinic type setting. This is intended to reduce waiting times for users and carers and improve productivity. User feedback has been collected from these trials on: communication about the appointment; getting to the appointment and the venue; the results of the appointment. Client satisfaction with hub appointments was very high.
 - Training social workers to follow strengths-based practice and work in accordance with the principles of the proposed new operating model.
 - Developing the mental health enablement pathway, so that more users can benefit from the preventative and enabling approach of the Barnet model carried out by the Network service, and as agreed by Committee in September 2015.
- 2.26 Each of these activities are committed to a co-design approach involving staff, service users, residents, carers and partners to validate direction and participate in the development wherever appropriate.

Strengths-based practice

- 2.27 The strengths-based practice trial set out to make fundamental changes to what social care practitioners do and how they do it. Practitioners were asked to take a different approach to their work and apply new ways of thinking, new skills and new behaviours. From 9 May to 24 June 2016, a cohort of 13 individuals were trained using a co-design approach both to test the model of practice and inform the future training sessions. Feedback from individual staff members participating in the first cohort has been mainly positive regarding a change to frontline social care practice and that they feel empowered by the co-design approach.
- 2.28 Subject to committee's final endorsement of the operating model, the intention is that all staff will have completed the strengths based practice training by the end of March 2017. Data will continue to be collected to show the extent to which strengths-based practice is being used by practitioners and the impact it is having.
- 2.29 The Barnet Enablement Pathway for mental health will be implemented together with the staff restructure as articulated in the Barnet Enablement Pathway Business Case.

Consultation

- 2.30 The full consultation report is attached as Appendix A. The proposals relating to the new operating model included: using a strengths-based approach; local hubs for assessments; a collaborative approach with the Community and Voluntary sector (CVS); and enhanced online and preventative services.
- 2.31 A majority of respondents to the public consultation supported both the strengths-based approach and the use of hubs for assessments. The qualitative responses, whilst not all positive, identified important areas which will be taken into account in an operational implementation of the approaches, such as ensuring that home visits are still available for those who need them.
- 2.32 The proposals for a collaborative approach with the CVS were supported by a majority of respondents to the public consultation. The qualitative feedback has provided a depth of consideration and thought which will be particularly helpful in the implementation of the proposed new operating model.
- 2.33 Similarly, the majority of respondents to the public consultation thought that extending the information and advice the Council provides about access to adult social care support would be effective. However, only 42% of respondents thought that introducing new online services would be effective. Comments included concerns about online information not being suited to

older people, those who have serious or long term sickness, those with learning disabilities and the visually impaired.

2.34 Staff and user feedback on the new operating model has been very positive. Quantitative feedback to the public consultation was positive and the qualitative feedback, whilst not completely positive, identified important areas to consider to make the approach successful.

2.35 Implementation of the new operating model should take into account the feedback from the consultation and follow, as far as practical, a co-design approach with staff & residents. In addition, its implementation will be co-ordinated with digital initiatives taking place as part of the Customer Access Strategy and elsewhere in the Council to ensure that they are aligned with the new operating model.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 The PSM option has been considered and is not recommended for further development as an alternative delivery vehicle.

4. POST DECISION IMPLEMENTATION

4.1 The next stage of the work will be delivered through two elements:

4.2 Officers will continue to work up the NHS shared services option and present an updated business case to the Adults and Safeguarding Committee in 2017.

4.3 Work will be carried out to further develop assessment hubs, strengths-based practice, and the mental health enablement pathway. In this, the focus will be to develop the culture change and improved outcomes described in the outline case for the new operating model. This work will include a co-design approach with staff & residents and take into account the feedback from consultation and staff engagement. The work will also be coordinated with other work in the Council on the Customer Access Strategy.

5. IMPLICATIONS OF DECISION

Corporate Priorities and Performance

5.1 Successful implementation of the Commissioning Plan, of which this work is part, will help to support and deliver the following 2015 – 2020 Corporate Plan objectives for health and social care services:

- To make a step change in the Council's approach to early intervention and prevention as a means of managing demand for services.
- To remodel social care services for adults to focus on managing demand and promoting independence, with a greater emphasis on early intervention.

- To implement the Council's vision for adult social care, which is focused on providing personalised, integrated care with more residents supported to live in their own home.

5.2 This approach is consistent with the Joint Health and Wellbeing Strategy 2016-2020 which sets out a vision that includes continuing emphasis on prevention and early intervention; developing greater community capacity; increasing individual responsibility and building resilience.

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

5.3 The Council's net revenue budget for Adults and Communities (including staffing costs, supplies and services, payments to external suppliers and client contributions) is £85.6m in 2016/17.

5.4 The ADV project has a savings target of £1.96m between 2017/18 – 2019/20 (£654,000 per annum in 2017/18, 2018/19 and 2019/20).

5.5 Updated financial appraisal undertaken as part of this work, has shown that neither the reformed in-house, nor the PSM option are going to realise the savings target through operational efficiencies. The PSM option will incur start-up costs and benefits would be realised a minimum of four years after start up. The impact on savings profile will be addressed as part of the business planning process and come back to Adults and Safeguarding Committee for recommending to Policy and Resources Committee for approval.

5.6 Through this work we have begun modelling the impact the implementation of the new operating model is likely to have on current and projected future demand on service spend and we continue refining this view to ascertain required measures to deliver the MTFs savings assigned to ASC for the financial years of 2017/18-2019/20. The new operating model is considered to be important in delivering the savings through the practice model reducing demand for funded social care.

5.7 A total budget of £1.26m for the ADV project was approved by the Council's Policy & Resources Committee on 16 February 2016, to be funded from the Transformation Reserve Fund. This budget includes the cost of implementing the selected ADV model. This funding will continue to fund the further project management of the operating model implementation.

Legal and Constitutional References

5.8 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution – Section 15 Responsibility for Functions (Annex A). Specific responsibilities for those powers, duties and functions of

the Council in relation to Adults and Communities include the following specific functions:

- Promoting the best possible ASC services.
- Working with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare, and promote the Health and Wellbeing Strategy and its associated sub strategies.
- Ensuring the Council's safeguarding responsibilities are taken into account.

5.9 The Care Act 2014 permits increased flexibility to Councils to delegate services and responsibilities to other parties, in comparison with previous legislation. This is contained in section 79 of the Act. Subsection 2, section 79 specifically excludes the following: promoting integration with Health; co-operation; charges; safeguarding adults at risk; and powers contained within section 79.

5.10 When making decisions around service delivery, the Council must consider its public law duties. This includes its public sector equality duties and consultation requirements as well as specific duties in relation to ASC.

Risk Management

5.11 The project has been and will continue to be managed within the Council's risk management framework.

5.12 A key activity throughout this stage has been assessing the risk of each option including financial and legal risks as well as using public consultation and staff engagement to identify risk (opportunities and threats) to inform the options appraisal.

Equalities and Diversity

5.13 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people from different groups.
- Foster good relations between people from different groups.

5.14 The protected characteristics are:

- Age
- Disability
- Gender reassignment

- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

5.15 The broad purpose of this duty is to integrate considerations of equality into day to day business and to keep them under review in decision making, the design of policies and the delivery of services.

5.16 An initial equalities impact assessment (EIA) of the proposed new operating model was completed in October 2015 and included as part of the strategic outline case presented to the Adults and Safeguarding Committee on 12 November 2015¹. The EIA showed “no impact anticipated” for residents and service users and “impact unknown” for staff. This EIA was reviewed by the lead officer in February 2016 as part of the development of the outline business case² and no requirement to update it was identified.

5.17 The EIA was reviewed again in August 2016, following completion of public consultation on the proposed new operating model and the delivery vehicle options.

5.18 Impact for residents and service users

5.19 Responses to the consultation raised concerns about the potential equalities impact of two aspects of the proposed new operating model. The first was using local hubs to help people whose query cannot be resolved over the telephone. The consultation responses highlighted a number of groups who may experience difficulties in accessing a local hub

- People with physical disabilities and/or chronic conditions who may find travel difficult and would need the hub to be wheelchair-accessible
- People who are deaf may need a sign language interpreter to be available at the hub, and people with communication difficulties may also need special arrangements to be made for them
- People with dementia or with mental health needs may find it difficult to leave their home and could find the experience of visiting a hub overwhelming
- People on a low income who may struggle with travel costs

5.20 Some responses were concerned that where a person did need a home visit;

¹ See Appendix C: Equalities.

<http://barnet.moderngov.co.uk/documents/s27172/Appendix%20A%20Strategic%20outline%20case%20for%20a%20future%20operating%20model%20for%20adult%20social%20care.pdf>

² See Appendix G: Equalities.

<http://barnet.moderngov.co.uk/documents/s30110/Alternative%20delivery%20model%20for%20Adult%20Social%20Care%20appendix%20-%20OBC.pdf>

they should not wait significantly longer for their appointment than people who were able to visit a hub.

- 5.21 The second area of concern was improving and extending the information and online services on our website to help people make more informed choices and decisions about their social care support. The consultation responses highlighted a number of groups who may find it difficult to access online services:
- People with literacy problems
 - People with visual impairment or low vision
 - People with dementia
 - People with learning disabilities
 - People who do not feel confident about using a computer, and/or do not have access to a computer at home. Some respondents identified older people as being less likely to be able to access online services
- 5.22 Respondents thought that the same information and services that were available online should be made readily available through other channels to ensure equality of access for people who cannot use online services.
- 5.23 The EIA already reflected the importance of ensuring that people who cannot travel to hubs or use online services are not adversely affected by these proposals. It has been reviewed and extended to include and address the specific concerns raised in the consultation responses. The assessment of the overall impact for residents and service users remains “no impact anticipated”.
- 5.24 Impact for staff
- 5.25 The proposed new operating model would change the way that staff in the Adults and Communities Delivery Unit work, including:
- Applying a strengths-based approach to assessments and reviews
Carrying out more assessments, reviews and other interactions in local community hubs, and fewer in people’s own homes
 - Working with local voluntary and community sector groups as equal partners to deliver some parts of adult social care
- 5.26 However the proposals have not yet been developed at a sufficient level of detail to enable the potential impact upon employees to be identified. The way in which these proposals are implemented may also depend upon the decisions taken around the alternative delivery vehicle options. Therefore the potential impact for employees remains “not known” at this stage of the project.
- 5.27 As described in this report, staff in the Adults and Communities Delivery Unit have been closely involved in designing and preparing for implementation of

the proposed new operating model. Groups of staff have taken an active role in piloting local community hubs and trialling strengths-based practice and greater numbers of staff will be involved as the new operating model is developed further.

- 5.28 The remaining two shortlisted ADV options are unlikely to have an equalities impact upon ASC service users because both options are structures through which the new operating model would be delivered. However, not enough is yet known about how the NHS shared service option would be implemented to say for certain that choosing this ADV option will not have an equalities impact upon service users. Therefore the potential impact on service users will be reviewed prior to submission of the further business case in 2017.
- 5.29 The NHS shared service ADV options would affect Adults and Communities Delivery Unit employees, with reference to which organisation employs them, and potentially their terms and conditions of employment and their job roles. However, not enough is yet known about this ADV options would be implemented to be able to say what the equalities impact would be under; which staff would be affected and in what ways they would be affected. Therefore the potential impact on employees will also be reviewed prior to submission of the further business case in spring 2017.

Consultation and Engagement

- 5.30 Both the Adults and Safeguarding Commissioning Plan and the Council's plans for implementing the Care Act 2014 were subject to public consultation.
- 5.31 The new operating model and the alternative delivery vehicle options have been shaped and refined through engagement with residents, service users, partner organisations and Council staff.
- 5.32 Whilst there is no statutory requirement to consult on the proposed new operating model and alternative delivery vehicle at this stage, the Council has done so in order to be transparent and to continue to involve residents in development of the project.
- 5.33 The proposed new operating model and the alternative delivery vehicle options have been the subject of public consultation in spring/summer 2016, and the consultation findings are presented to the Adults and Safeguarding Committee in September 2016 as part of this report.
- 5.34 The reasons for the new operating model were set out in the report to this Committee on 12 November 2015 when the approach to the proposal was approved by the Committee.

6. BACKGROUND PAPERS

- 6.1 The Adults and Safeguarding Committee approved its Commissioning Plan on 20 November 2014, subject to consultation.
<http://barnet.moderngov.co.uk/documents/s19320/Business%20planning.pdf>
<http://barnet.moderngov.co.uk/documents/s19321/Appendix%20A%20-%20Commissioning%20Plan.pdf>
- 6.2 The Adults and Safeguarding Committee approved initiation of a project to identify an alternative delivery model for ASC on 26 January 2015.
<http://barnet.moderngov.co.uk/documents/s20572/AS%20committee%20ADM%20report%20011v10.pdf>
- 6.3 The Adults and Safeguarding Committee approved the final version of its Commissioning Plan on 19 March 2015.
<http://barnet.moderngov.co.uk/documents/s22061/Adults%20and%20Safeguarding%20Commissioning%20Plan.pdf>
<http://barnet.moderngov.co.uk/documents/s22062/Appendix%20A%20-%20Adults%20and%20Safeguarding%20Commissioning%20Plan.pdf>
- 6.4 The Adults and Safeguarding Committee approved the approach to a new operating model for ASC on 12 November 2015.
<http://barnet.moderngov.co.uk/documents/s27171/A%20new%20operating%20model%20for%20adult%20social%20care.pdf>
- The appendix to this report (the strategic outline case) describes the proposed new operating model in detail.
<https://barnet.moderngov.co.uk/documents/s27172/Appendix%20A%20Strategic%20outline%20case%20for%20a%20future%20operating%20model%20for%20adult%20social%20care.pdf>
- 6.5 On 7 March 2016, the Adults and Safeguarding Committee approved the three shortlisted options for an alternative delivery vehicle, the proposed new operating model subject to consultation and the approach to developing a further business case that will present a single recommended alternative delivery vehicle option to the Committee.
<http://barnet.moderngov.co.uk/documents/s30109/Alternative%20delivery%20model%20for%20Adult%20Social%20Care.pdf>