

Appendix A

Changing the way we deliver and organise adult social care in Barnet

Final Consultation Report

May 2016 to August 2016
Consultation

SECTION 1

Executive Summary

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

1. EXECUTIVE SUMMARY

This report sets out the detailed findings from the consultation on Changing the way we deliver and organise adult social care in Barnet, which will be considered by Adults and Safeguarding Committee on 19 September 2016.

2. Summary of approach

2.1 Preliminary consultation and engagement

The council has already undertaken work to inform the council's development of an Outline Business Case and three preferred delivery model options. This included meetings and workshops held with a range of stakeholders including service users and carers, Adults and Communities Delivery Unit staff and local voluntary and community sector groups to develop proposals. Key dates and activity is summarised below:

- 26 January 2015 – Adults and Safeguarding Committee approved initiation of a project to identify an alternative delivery model for ASC.
- August 2015 - December 2015 – stakeholder events held to develop proposals.
- 12 November 2015 - Adults and Safeguarding Committee approved the approach for a new operating model for ASC.
- 7 March 2016 – Adults and Safeguarding Committee confirmed its approval of the proposed new operating model and agreed to public consultation on the operating model and three shortlisted delivery vehicle options, for consideration of a recommended alternative delivery model in September 2016.

The full reports considered by the Adults and Safeguarding Committee can be accessed at this link:

<http://barnet.moderngov.co.uk/ieListMeetings.aspx?Committeeld=698>

2.2 Formal consultation

A summary of the key findings are outlined on the following pages. Detailed findings can be found in Sections 2 and 3 of this report.

2.2.1 Summary of method

The general consultation consisted of an online questionnaire published on <http://engage.barnet.gov.uk> together with a consultation document which provided detailed background information about the council's budget setting process and the financial challenges the council faces. Paper copies and an easy read version of the consultation were also made available on request.

The consultation was widely promoted via the council's residents' magazine, Barnet First; the council's website; Twitter; Facebook; Area Forums; and posters in libraries and other public places.

Statutory Bodies and key stakeholders such as CCG, HealthWatch Barnet, CVS organisations and People Bank contacts (a database of around 300 people who have

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

expressed an interest in the work of Adults and Communities) were also contacted direct and invited to take part in the consultation.

Adults and Communities Delivery Unit Staff were encouraged to respond to the questionnaire, and to participate in staff briefing and engagement sessions held in July and August.

2.2.2 Response to the consultation

A total of 72 questionnaires and responses have been completed by the general public, interested groups and statutory bodies; 69 through Engage Barnet (online questionnaire), two easy read questionnaires (paper copy), and one narrative email response.

The general public consultation response cannot be compared to the borough's population in its entirety due the low completion rate of the diversity monitoring questions (43 per cent of respondents did not answer these questions). Of those who did complete the diversity monitoring questions, younger residents are underrepresented and older residents are significantly over represented. There is also a significant over representation of white respondents and a significant under representation of Black and Asian respondents.

For more information on how the results of the questionnaire responses have been reported and interpreted please refer to Section 2 of the detailed findings report.

Three consultative events were also held with groups of stakeholders. Feedback from those events is contained in Section 3 of this report.

3 Summary of key findings

3.1 Proposal for applying a strength-based approach to assessments and reviews

3.1.1 Views on applying a strength-based approach – quantitative results

Respondents were asked to what extent they agreed or disagreed with the council's proposal to apply a strength-based approach to assessments and reviews. Seventy-two responses were received to this question.

The chart below shows over half of respondents (37 or 51%) strongly agreed or tended to agree with the proposal to apply a strength-based approach to assessments and reviews, with 17 (24%) in disagreement.

Response	Number	Percentage
Strongly agree	16	22%
Tend to agree	21	29%
Neither agree nor disagree	11	15%
Tend to disagree	10	14%
Strongly disagree	7	10%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Don't know / not sure	7	10%
Total responses	72	100%

3.1.2 Analysis of responses – reasons given for views on applying a strength-based approach

Respondents were asked to give reasons for their views on applying a strength-based approach. There were 51 responses to this question, 49 of which provided comments.

While a majority of respondents expressed agreement to the proposal, the largest number of comments received (30%) expressed a concern that a strength-based approach could place too much onus on families and friends or the CVS and emphasised that professional homecare will be the only suitable option in some situations. Similarly, 14% of comments noted the Council has a duty of care and needs to ensure that everyone receives the care they need. There was also concern that the approach assumes that everyone is able to identify their own needs, and that this could in some cases lead to serious issues being overlooked.

Of those comments in support, the largest proportion of comments noted that empowering people to have more control and focussing on individuals' needs was a positive step, and that this approach seems sensible and appears to have worked well from other examples.

Feedback from the consultative events also indicated there was broad support for a strength-based approach, alongside cautionary comments that not everyone has access to friends and family, and that vulnerable people often need help to articulate their needs and to fill in forms.

3.2 Proposal to use local hubs for assessments and reviews

3.2.1 Views on the proposal to use local hubs for assessments and reviews – quantitative results

Respondents were asked to what extent they agreed or disagreed with the council's proposal to use local hubs for assessments and reviews. Sixty-three responses were received to this question.

A majority (57%) of respondents agreed with the proposal to use hubs (27% strongly). Of the remainder 26% disagreed (13% strongly), with 18% neither agreed nor disagreed or don't know/ not sure.

3.2.2 Analysis of responses – reasons given for views on the proposal to use local hubs for assessments and reviews

Respondents were asked to give reasons for their views on the proposal for using local hubs for assessments and reviews. There 55 responses to this question 52 of which provided comments.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

While a majority of respondents had expressed agreement with the proposal, the largest number of comments (39%) emphasised the importance of recognising that some people would not be able to access a hub due to disabilities, hearing difficulties, frailty or difficulty with transport, and would need a home visit. On a similar theme, a smaller number noted that a hub appointment may not be suitable for those with very complex needs, and that a visit to a person in their home environment may be needed to provide a complete picture of a person's circumstances and needs. Other concerns included a view that the hubs model places too much reliance on unqualified staff to deliver services, and logistical and resource concerns.

There were also a large number of comments in support of hubs, the largest proportion of which (20% of comments) expressed the view that providing people with access to multiple services from one location would improve accessibility and speed of services. Several comments also viewed the opportunity for more face to face communications via hubs as being a positive development (9%) and noted it would save money/ make better use of staff time (7%).

Other comments expressed a concern that the council needs to retain a duty of care and follow up on any missed appointments, and a concern that it will take time for a range of organisations and services to work well together and for hubs to work well in practice.

Feedback from the consultative events indicated there was a general level of support for the idea of hubs, with some discussion around areas of concern. Reassurance was sought around how continuity of care would work in practice in a hub situation, and there was anxiety that those in hubs may be non-skilled, have no practical knowledge and only be there short-term. It was also stressed that there needs to be accountability. Other feedback included concern that some people may have difficulty in accessing hub, and transport needed to be considered. There was also particular concern that the needs of the deaf community be considered and taken into account in implementing the hubs.

3.3 Proposals for a collaborative approach with the Community and Voluntary Sector

3.3.1 Views on the proposal for a collaborative approach with the Community and Voluntary Sector – quantitative results

Respondents were asked what extent they agreed or disagreed with the proposed collaboration with the CVS as outlined in the consultation. Sixty responses were received to this question.

Over half (58%) of respondents agreed with the proposed collaboration with the CVS, including 23% strongly agreed. Twenty-seven per cent tended to disagree or strongly disagreed, and approximately 15% neither agreed nor disagreed or were not sure.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

3.3.2 Analysis of responses – reasons given for views on the proposal for a collaborative approach with the Community and Voluntary Sector

Respondents were asked to give reasons for their views on the proposed collaborative approach. There were 50 responses to this question 48 of which provided comments.

The largest proportion of comments (40%) expressed broad support of working with the CVS, with some specifically commenting on the strength of CVS services in Barnet. The next largest number of comments noted the limitations to the CVS resource and emphasised that some people will need professional social care assessment and support. Other common comments provided particular suggestions for how this should work in practice /caveats to their support for the approach, including that the CVS will need additional funding, volunteers will need training, or that the CVS will need monitoring for the collaborative approach to work in practice.

Other points made included a need to ensure accessibility of services to vulnerable groups such as those who are disabled, mentally ill, or deaf, and a concern that privacy and data protection would need to be appropriately protected.

Feedback from the consultative events also gave general support for the proposal for increased collaboration with the CVS. A common view was that there are many CVS organisations which want to help more, and it was noted that volunteers in the community can alleviate pressure on carers who are often elderly and are also a great asset as they care and are enthusiastic. The limitations of the use of the CVS were also discussed; it was noted that there may be an issue working with volunteers when there is not a line management relationship, and that there is a cost to establishing and maintaining volunteer networks. Some noted that volunteers may need training and support as issues can be complex.

3.4 Three proposals for enhanced online and preventative services

3.4.1 Views on three proposals for enhanced online and preventative services - quantitative results

Respondents were asked to what extent they considered the following proposals will be effective in helping people make more informed choices about their adult social care support:

- a) Extending the information and advice we provide about access to adult social care support
- b) Developing an improved service for carers that includes a range of interventions information and advice
- c) Introducing new online services to help people manage their own care and support

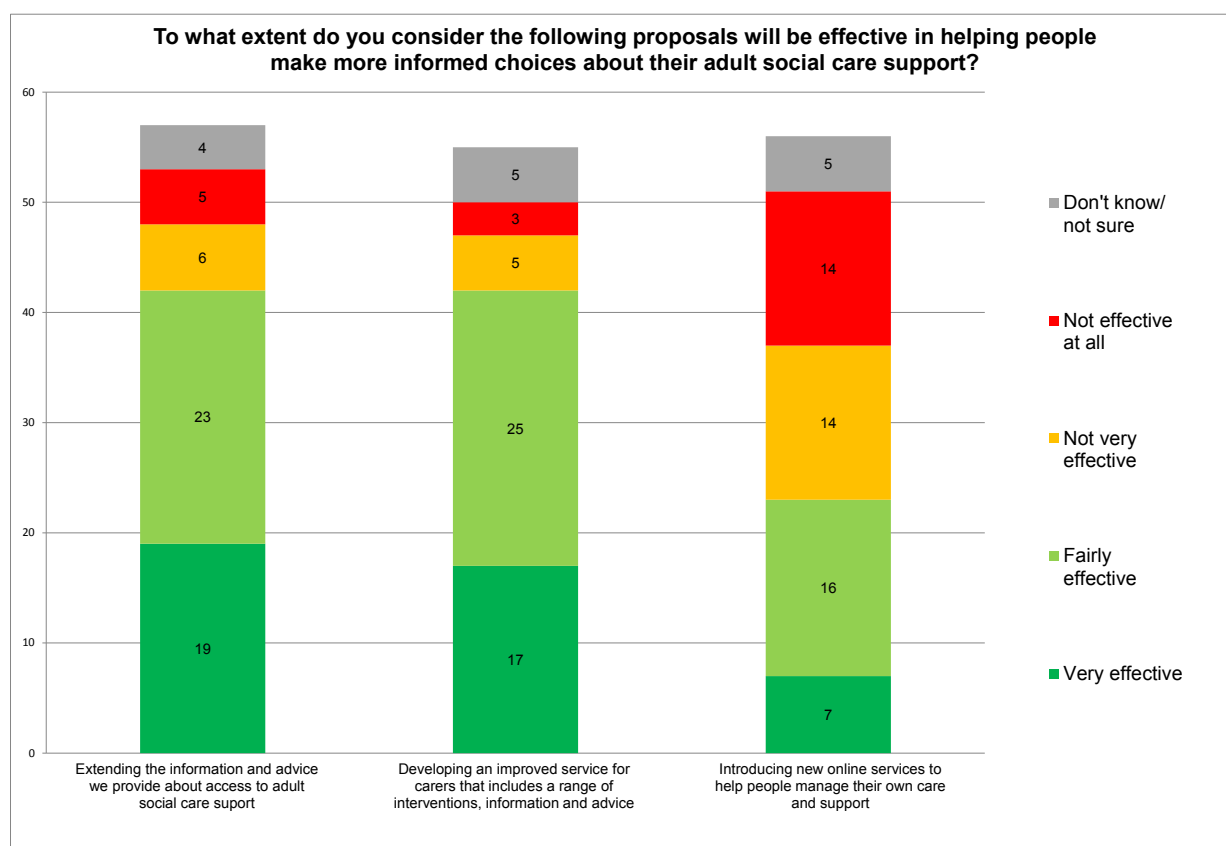
Between 55-57 responses were received on each of these questions.

The results show that 73% of respondents considered that extending the information and advice we provide about access to adult social care support' would be effective

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

(33% very effective). Similarly, 76% considered that developing an improved service for carers that includes a range of interventions information and advice would be effective (31% very effective). In contrast, only 42% considered that introducing new online services to help people manage their own care and support would be effective (13% very effective), with 50% per cent considering this would be ineffective (25% not effective at all and 25% not very effective).

The chart below summarises the results.



3.4.2 Analysis of responses – reasons given for views on the three proposals

Respondents were asked to give their reasons if they felt any of the above three proposals would not work well. There were 38 responses to this question, all of which provided comments.

Most respondents on this question commented on the proposal to introduce new online services to help people manage their own care and support. A large majority of comments (68%) noted that online and digital means of communications would not suit everyone, and particularly highlighted many older people, those who have serious or long term sickness, those with learning disabilities and the blind. On a similar theme, 18% of responses commented that face to face communications are more effective and appropriate for some people, while 11% noted that not all people will have access to technology. Other comments made echoed concerns raised in other survey question responses, including concerns regarding ensuring access to services to all, resource concerns and comments that some people may require higher levels of support.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Similar points were picked up in the consultative events. While enhanced provision of online services was welcomed for those that can use them, a key theme was concern that it be recognised that not everyone is able to use online services. The point was also made that online provision needs to be accessible – both through consideration of location/ transportation and physical access, and ensuring information and services can be accessed by those with learning disabilities and the visually impaired.

3.5 Summary of views on the way in which the delivery of adult social services will be organised

Part 2 of the consultation focused on the way in which the delivery of adult social services will be organised, and presented three options for consideration and comment.

3.5.1 Views on Options A, B and C - quantitative results

Respondents were asked to what extent they supported or opposed the following options:

- Option A – Keeping the adult social care service within the council
- Option B – Creating a shared service with one or more local NHS organisations
- Option C – Establishing a public service mutual

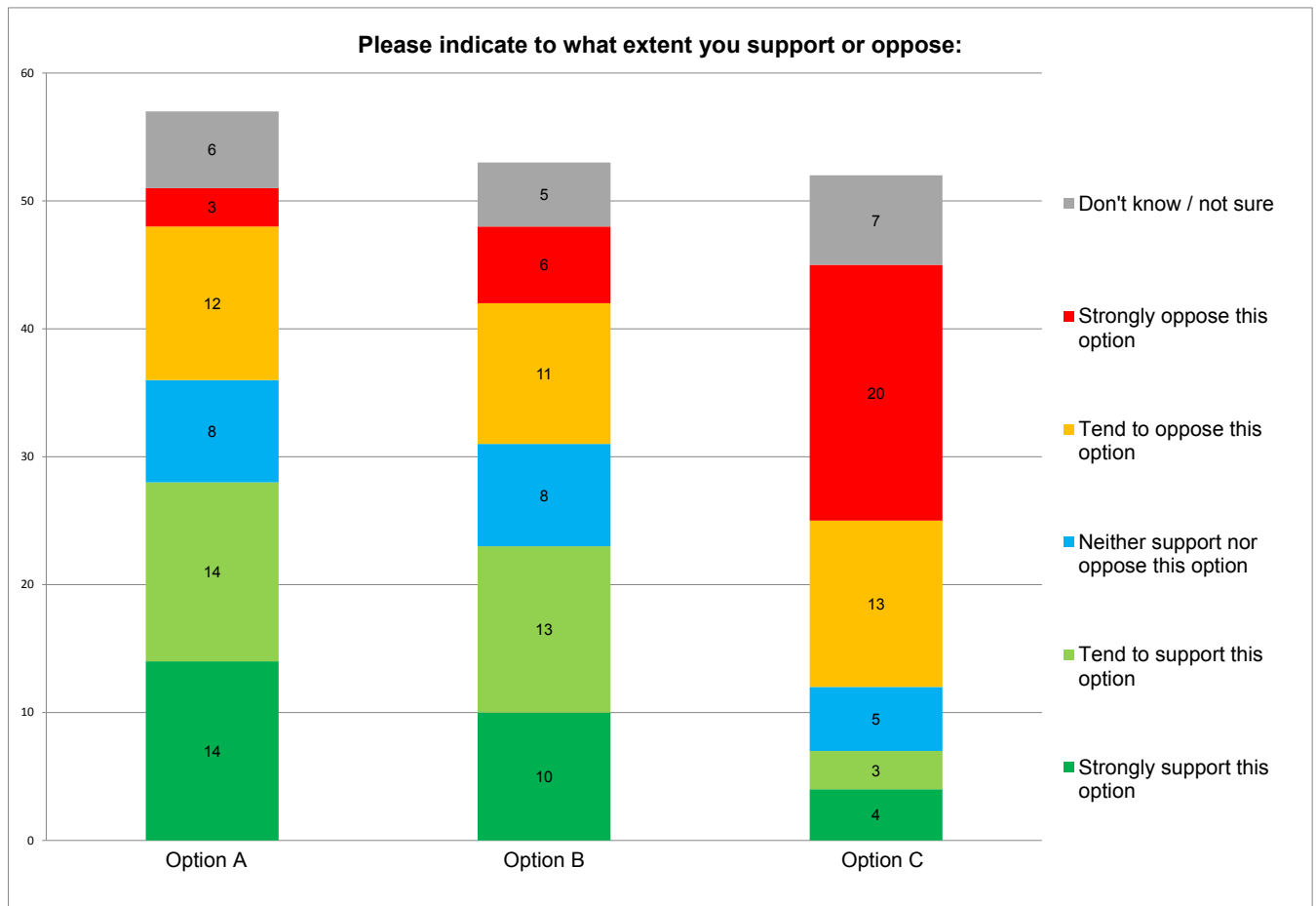
Between 52-57 respondents answered these questions.

The results showed Option A had the strongest support (50% overall) and least opposed (26% overall). This was followed by Option B (41% overall support and 30% overall opposed). There was significant opposition to Option C; only 14% overall support compared to 63% opposed overall (38% strongly opposed). For all three options there was a similar proportion (10-14%) who neither supported nor opposed the options.

The full results are shown below:

Please indicate to what extent you support or oppose:						
	Option A		Option B		Option C	
Response	Number	Percentage	Number	Percentage	Number	Percentage
Strongly support this option	14	25%	10	18%	4	8%
Tend to support this option	14	25%	13	23%	3	6%
Neither support nor oppose	8	14%	8	14%	5	10%
Tend to oppose this option	12	21%	11	19%	13	25%
Strongly oppose this option	3	5%	6	11%	20	38%
Don't know / not sure	6	11%	5	9%	7	13%
Total	57	100%	53	93%	52	100%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION



Detailed analysis on the other open ended questions on each Option is provided in Section 2 of this report.

3.5.2 Views on the impact respondents thought Options A, B and C would have on them and their families - quantitative results

Respondents were also asked what impact they thought Option A, Option B and Option C will have on them and their family. Between 50-51 respondents answered these questions.

In summary:

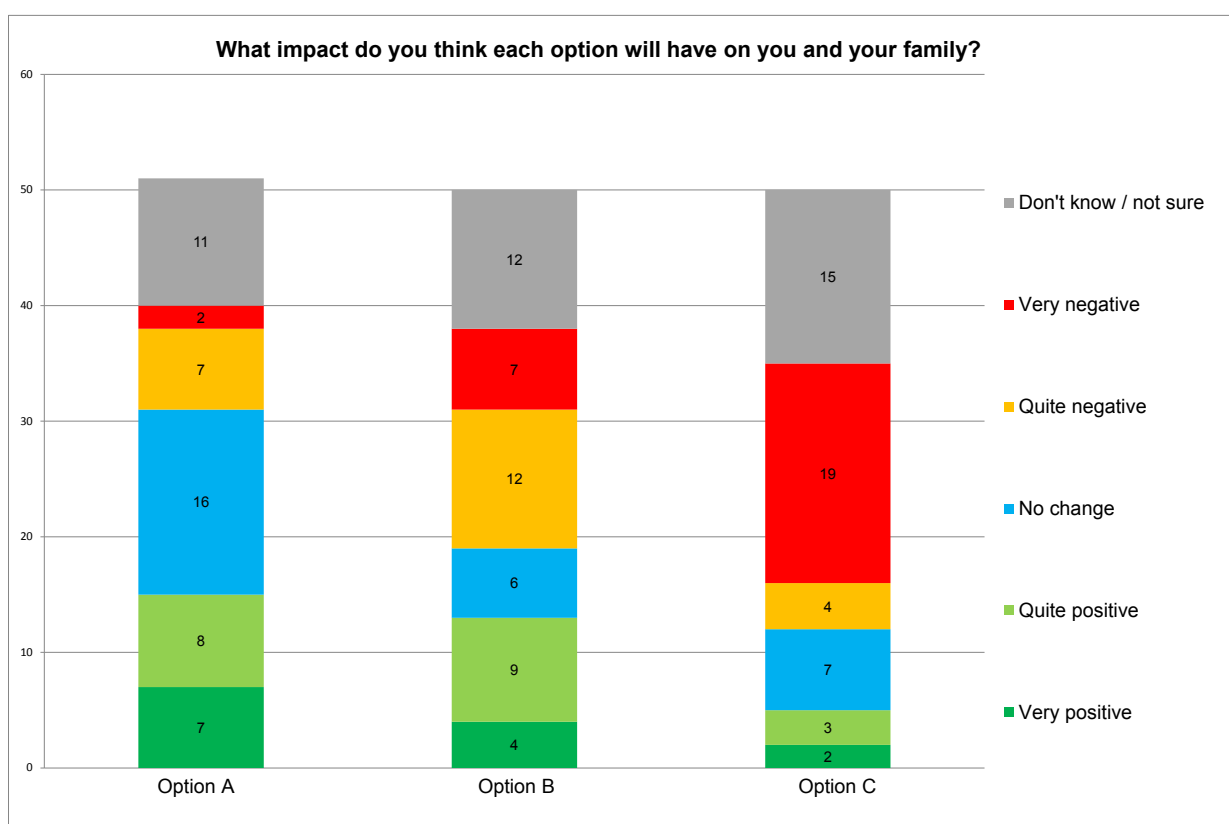
- A majority of responses on Option A (31%) felt there would be no change on the impact to them and their family.
- A majority of responses on Option B (38%) felt the impact would be negative.
- A majority of responses on Option C (46%) felt the impact would be negative (38% very negative).

The option that received most support was Option A, 30% of which considered the impact on them and their family would be positive.

The full results are shown below:

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

What impact do you think each option will have on you and your family?						
Response	Option A		Option B		Option C	
	Number	Percentage	Number	Percentage	Number	Percentage
Very positive	7	14%	4	8%	2	4%
Quite positive	8	16%	9	18%	3	6%
No change	16	31%	6	12%	7	14%
Quite negative	7	14%	12	24%	4	8%
Very negative	2	4%	7	14%	19	38%
Don't know / not sure	11	22%	12	24%	15	30%
Total	51	100%	50	98%	50	100%



Detailed analysis on the other open ended questions on each Option is provided in Section 2 of this report.

SECTION 2

Detailed Findings

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

1. BACKGROUND

The consultation outlined that across the country, adult social care is under growing pressure. The amount of money available for councils to spend has reduced and will continue to reduce over the coming years, and there is also growing demand for adults social care services. The consultation set out that to address these challenges the council has set out proposals for:

- a new way of **delivering** adult social care in Barnet that will help people to stay well, to recover quickly from illness or injury, and to draw upon the support that their family, friends and the local community can give them
- a new way of **organising** our adult social care services, that supports the new way in which we want to deliver adult social care services. Three models are proposed.

The consultation sought views on these proposals.

1.1 Preliminary consultation and engagement

The council has already undertaken work to inform the council's development of an Outline Business Case (a new way of delivering adult social care) and three preferred delivery model options. This included meetings and workshops held with a range of stakeholders including service users and carers, Adults and Communities Delivery Unit staff and local voluntary and community sector groups to develop proposals. Key dates and activity is summarised below:

- 26 January 2015 – Adults and Safeguarding Committee approved initiation of a project to identify an alternative delivery model for ASC.
- August 2015 - December 2015 – stakeholder events held to develop proposals. Details of these events are contained in the 7 March 2016 report to Adults and Safeguarding Committee.
- 12 November 2015 - Adults and Safeguarding Committee approved the approach for a new operating model for ASC.
- 7 March 2016 – Adults and Safeguarding Committee confirmed its approval of the proposed new operating model and agreed to public consultation on the operating model and three shortlisted delivery vehicle options, for consideration of a recommended alternative delivery model in September 2016.

The full reports considered by the Adults and Safeguarding Committee can be accessed at this link:

<http://barnet.moderngov.co.uk/ieListMeetings.aspx?Committeeld=698>

1.2 Formal consultation – technical details and method

This report sets out the detailed findings from the formal consultation on Changing the way we deliver and organise adult social care in Barnet, which consisted of:

- Survey on the proposals for the way we deliver and organise adult social care in Barnet

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

- Consultative events with stakeholders (7th, 12th and 26th July)
- Alternative format consultation feedback

Engagement briefings and workshops were also held with Adults and Communities delivery staff. These did not form part of the formal consultation and are therefore not detailed in this report. The input from those sessions has however been taken into account to inform the analysis and recommendations in the report to the Committee.

The consultation was administered as follows:

- The Consultation was open for thirteen weeks, from 19th May 2016 to 15th August 2016.
- The consultation was published on Engage Barnet <http://engage.barnet.gov.uk> together with a consultation document which provided detailed background information.
- Paper copies and an easy read version of the consultation were also made available on request.
- Respondent's views were gathered via an online survey. Paper copies of survey responses, hard copy and email free form narrative responses were also accepted.
- The consultation was widely promoted via the council's council website; local press; Twitter; Facebook; Area Forums; and posters in libraries.
- Statutory Bodies and key stakeholders were contacted directly, i.e. CCG, HealthWatch Barnet, CVS organisations and People Bank contacts, and invited to take part in the consultation.
- Staff were informed of the consultation and encouraged to respond to the questionnaire, as well as participate in briefing and engagement sessions in July and August.

1.3 Questionnaire design

The questionnaire was developed to ascertain residents' and other stakeholders' views on the proposals for the way in which services will be delivered (the new operating model) and also three shortlisted options on how service will be organised in the future (the alternative delivery model). In particular the consultation invited views on:

- The proposed approach for the way in which services will be delivered
- Level of support/ opposition for each of the three proposed organisation models.

In order to enable further understanding and in-depth analysis the questionnaire also included:

- Open ended questions, where respondents were invited to write in any comments on the reason behind some of their answers. This included reasons for their support or opposition of the approach and proposals and what impact they felt each of the three options would have on them and their family, and why.
- Key demographic questions to help understand the views of different demographic groups.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Throughout the questionnaire and where applicable hyperlinks were provided to the relevant sections of the consultation document. Those respondents who elected to receive a paper copy were also sent the consultation document.

1.4 Response to consultation

A total of 72 questionnaires and responses have been completed by the general public, interested groups and statutory bodies; 69 through Engage Barnet (online questionnaire), two easy read questionnaires (paper copy), and one narrative email response.

In addition, three consultative events were held with stakeholders on 7th, 12th and 26th July. Those findings are reported in Section 3 of this report.

1.5 General Public Response and Profile

The Figure below shows the profile of those who responded to the full questionnaire.

a. *Figure 1.1: General Public Sample Profile (Below)*

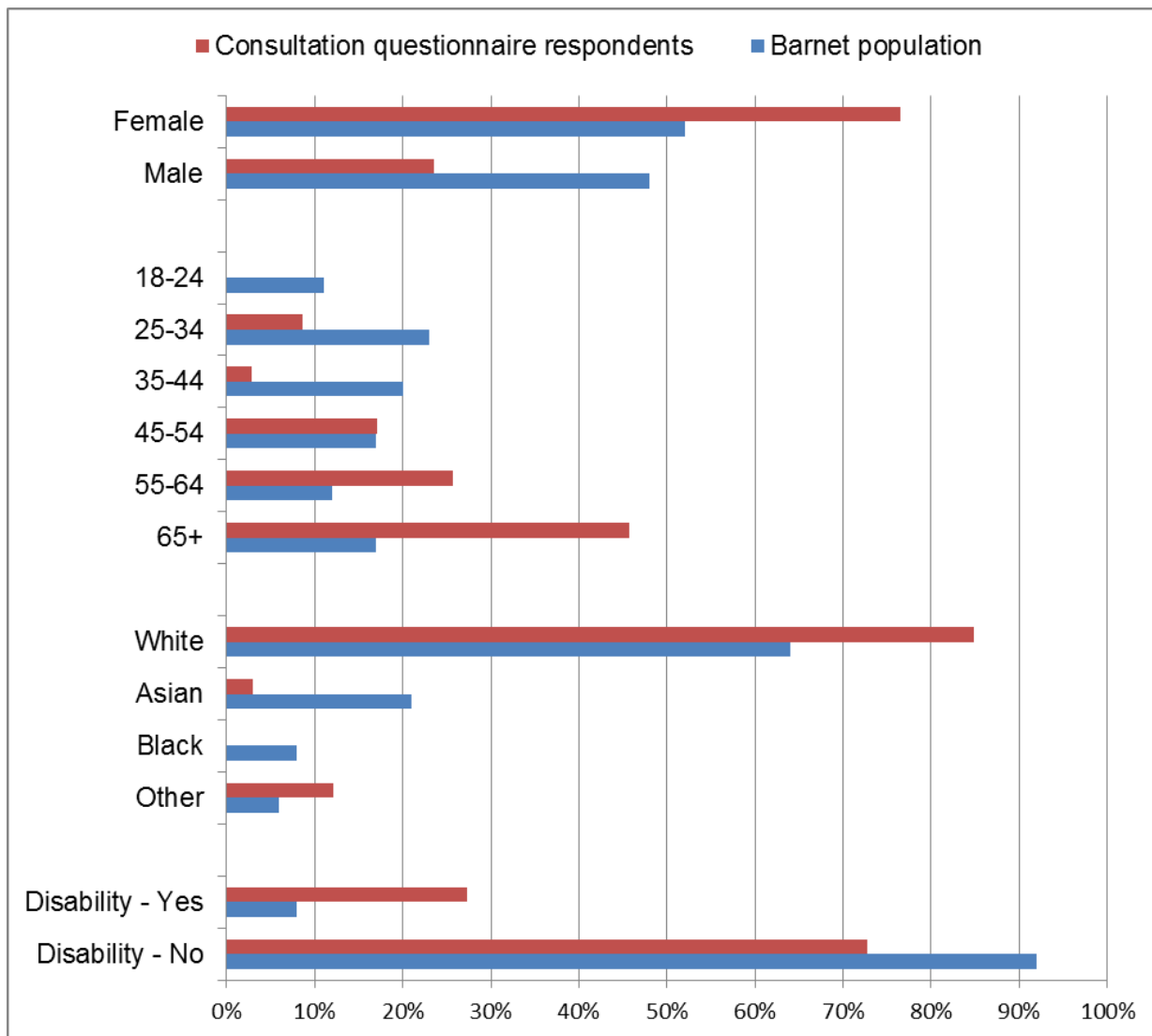
Response	Number	Percentage
A local voluntary sector organisation representative	9	19%
Other local resident	9	19%
A carer of someone who uses council-funded social care (where the majority of the social care needs of the person you care for are met through services funded by Barnet Adults and Communities)	8	17%
Someone who uses council-funded social care (this is where the majority of your social care needs are met through services funded by Barnet Adults and Communities)	6	13%
A health or social care professional	4	8%
A public sector organisation representative	2	4%
A carer of someone who funds their own social care (where the majority of the social care needs of the person you care for are met through services paid for by them)	2	4%
Someone who funds their own social care (this is where the majority of your social care needs are met through services you pay for yourself)	0	0%
Other	8	17%
Total responses	48	100%

The chart below shows the profile of those who responded to consultation questionnaire in terms of key demographics compared to the population of Barnet. There were a large number of female respondents proportionate to Barnet's population, with male respondents significantly under-represented. In terms of age, the number of respondents from the 45-54 age group was consistent with Barnet's population, respondents from older demographics (55-64 and 65 plus) were over-represented comparative to Barnet's population, with those aged 18-44 significantly

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

under-represented. There is also a significant over representation of disabled respondents, and under-representation of non-disabled.

There is also an over representation of white respondents, and a significant under representation of Asian and Black respondents.



a. Figure 1.2: General public consultation sample profile – key demographics (above)

1.6 Protected Characteristics

The council is required by law (Equality Act 2010) to pay due regard to equalities in eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people from different groups.

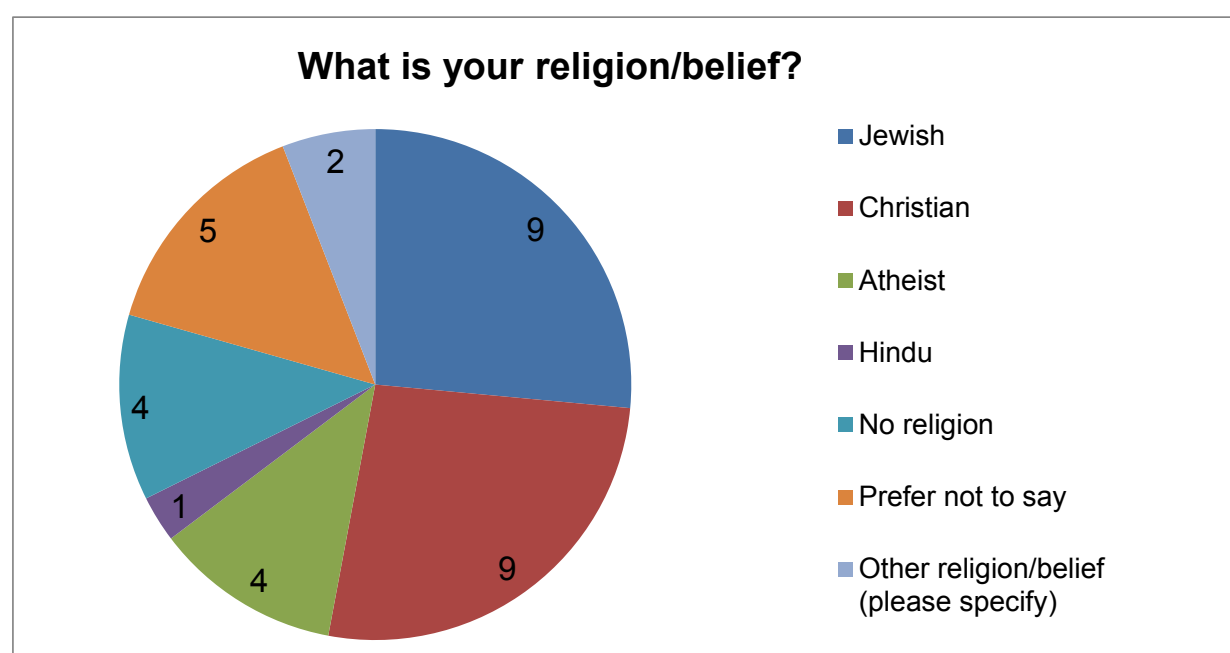
The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

To assist us in complying with the duty under the Equality Act 2010 we asked the general public consultation respondents to provide equalities monitoring data and explained that collecting this information will help us understand the needs of our different communities and that all the personal information provided will be treated in the strictest confidence and will be stored securely in accordance with our responsibilities under the Data Protection Act 1998.

b. Figure 1.3: Protected characteristic sample profile

Response – Religious belief	Number	Percentage
Jewish	9	26%
Christian	9	26%
Prefer not to say	5	15%
Atheist	4	12%
No religion	4	12%
Other religion/belief (please specify)	2	6%
Hindu	1	3%
Total responses	34	100%
Responses - Sexual identity	Number	Percentage
Heterosexual	20	63%
Lesbian	3	10%
Bisexual	0	0%
Gay	0	0%
Other	0	0%
Prefer not to say	9	28%
Total responses	32	100%



CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

The Figure below shows the profile of the disabilities of the 9 people who responded as having a disability.

c. Figure 1.4: Protected characteristic sample profile (disabilities)

Disability	1	2	3	4	5	6	7	8	9
Hearing (such as deaf, partially deaf or hard of hearing)	X					X			
Vision (such as blind or fractional/partial sight. Excludes visual problems which can be corrected by glasses/ contact lenses)						X			
Speech (such as impairments that can cause communication problems)					X				
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	X		X	X		X	X		
Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy)			X		X				
Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)	X		X	X	X		X		X
Severe disfigurement									
Learning difficulties (such as dyslexia)	X								
Mental illness (substantial and lasting more than a year, such as severe depression or psychosis)	X								X
Prefer not to say									
Other (please specify)		X			X			X	

Of those that specified 'Other' disability, the free text descriptors given were Cancer, Addison's disease, and Neurodevelopmental delay from birth affecting hearing, vision, balance also affecting conversational skills.

1.6 Interpretation of the results

In terms of the results of the questionnaire it is important to note that:

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

- The general public consultation is not representative of the overall population of Barnet but provides information, in particular on the opinion of those residents who are more engaged with the council.
- It should be treated with caution as a guide to overall opinion, however because the response profile does not match the Barnet population.
- The responses although not representative of the borough's population, do provide an important indication of where there may be particular strength of feeling in relation to the organisation and delivery of adult social care services. For example, a large proportion of respondents were from the 65 and older age group (46%) and a large proportion have a disability (27%). This is unsurprising given the subject matter of the consultation; a majority of adult social care users are from an older age group (65% of service users in 2014/15 were 65 years or over), and a significant proportion of service users have a disability¹. The proportion of older respondents and those with a disability might be expected to be higher, however it should also be noted that a majority of respondents were workers from the CVS, carers, local residents, and 'other' where being of an older age or having a disability may vary.
- Where percentages do not add up to 100, this may be due to rounding, or a multi coded question. All open ended questions that invite respondents to write in comments, are multi-coded and therefore add up to more than 100 per cent.
- All open-ended responses to the public consultation have been classified based on the main themes arising from the comment, so that they can be summarised.

1.7 Calculating and reporting on results

The results for each question are based on "valid responses", i.e. all those providing an answer (this may or may not be the same as the total sample) unless otherwise specified. The base size may therefore vary from question to question.

2. RESULTS IN DETAIL

2.1 PART 1 - A new way of delivering adult social care

Part 1 of the consultation asked questions on proposals for a new way of delivering Adult Social Care. The Consultation asked questions on proposals for:

- Applying a different approach to assessments and reviews;
 - Views on applying a strength-based approach to assessments and reviews
- Using local hubs and improving collaboration with the CVS
 - Views on proposal to use local hubs for assessments and reviews
 - Views on collaborative approach with the CVS
- An increasing emphasis on online and preventative services.
 - Views on proposals to i) extend the information and advice we provide about access to ASC; ii) developing an improved service for carers that includes a range of interventions information and advice; and

¹ Barnet Open Data: <http://open.barnet.gov.uk/dataset/service-users-in-receipt-of-adult-social-care>.
Changing the way we deliver and organise adult social care in Barnet Consultation findings, 16 May – 15 August 8th 2016, London Borough of Barnet

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

iii) introducing new online services to help people manage their own care and support.

2.1.1 Applying a different approach to assessments and reviews

2.1.2 Views on strength-based approach – quantitative results

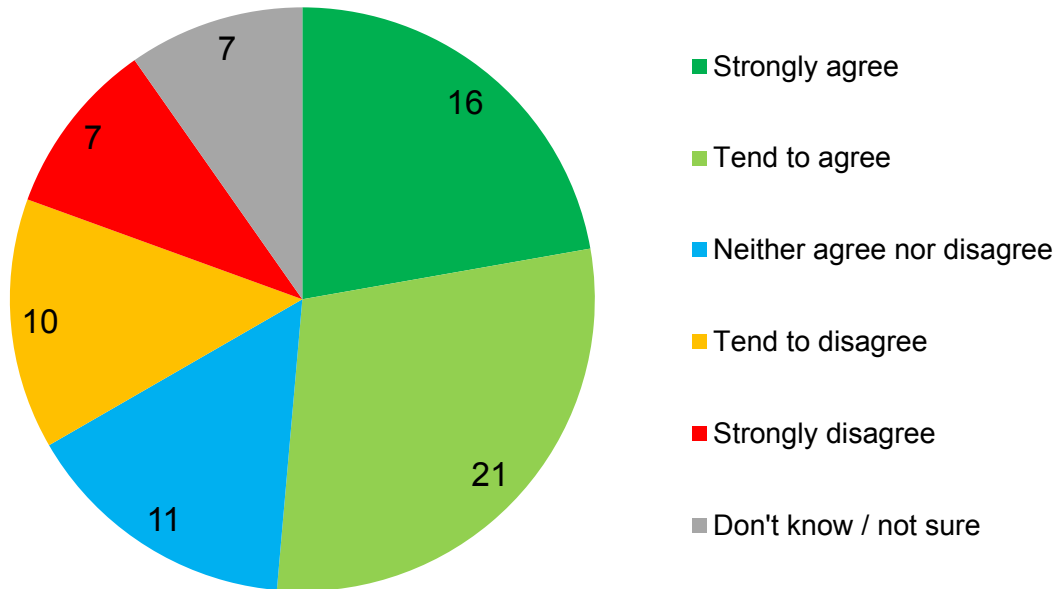
Respondents were asked to what extent they agreed or disagreed with the council's proposal to apply a strength-based approach to assessments and reviews. Seventy-two responses were received to this question.

The table and chart below shows over half (51%) of respondents strongly agreed or tended to agree with the proposal to apply a strength-based approach to assessments and reviews. Approximately a quarter of respondents disagreed (24%), with the remaining 25% neither agreeing or disagreeing (15%) or stating that they did not know or were unsure (10%).

Response	Number	Percentage
Strongly agree	16	22%
Tend to agree	21	29%
Neither agree nor disagree	11	15%
Tend to disagree	10	14%
Strongly disagree	7	10%
Don't know / not sure	7	10%
Total responses	72	100%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

To what extent do you agree or disagree with our proposal to apply strength-based approach to assessments and reviews?



2.1.3 Analysis of responses – reasons given for views on strength-based approach

Respondents were able to provide a free text response explaining why they agreed or disagreed with the council's proposal to apply a strength-based approach to assessments and reviews. There were 51 responses to this question, 49 of which provided comments.

The table below summarises the key themes arising from these comments. Several respondents made comments which contained both support and oppose elements regardless of their original answer of 'agree/ disagree' with the proposals. The table below indicates whether the comments were broadly supportive of the proposals ("S") or opposed to the proposals ("O").

A majority of comments (30%) expressed concern that a strength-based approach could place too much onus on families and friends or the CVS and emphasised that professional homecare will be the only suitable option in some situations. Similarly, a large proportion (14%) of comments noted the Council has a duty of care and needs to ensure that everyone receives the care they need. There was also concern that the approach assumes that everyone is able to identify their own needs, and that this could in some cases lead to serious issues being overlooked.

A large proportion of comments were also supportive of a strength based approach. Comments noted that empowering people to have more control and focussing on

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

individuals' needs was a positive step, and that this approach seems sensible and appears to have worked well from other examples.

Other comments included concerns that the current level of support received would be cut, concerns regarding safeguarding, that there needs to be continuity of care and that practitioners need to be qualified.

Comment	S	O	General Public	
			%	Base1
			100%	51
No comment			4%	2
Too much onus on families and friends/ CVS – this is not always practical / professional homecare is needed for some.		x	30%	15
It's good to encourage people to help themselves – people want to be empowered and have control	x		18%	9
Council has a responsibility under the Care Act, and needs to ensure people get the help they need		x	14%	7
Seems a good idea in principle/ from own experience/ seems to be working well elsewhere	x		12%	6
Concern that peoples' needs/ serious issues may be overlooked/ that people may not be able to identify they need help		x	10%	5
Don't understand the question/ insufficient information provided about the proposal			8%	4
Seems a good way to focus on the needs of the individual	x		8%	4
Other			16%	8
Total number of different types of comments				58

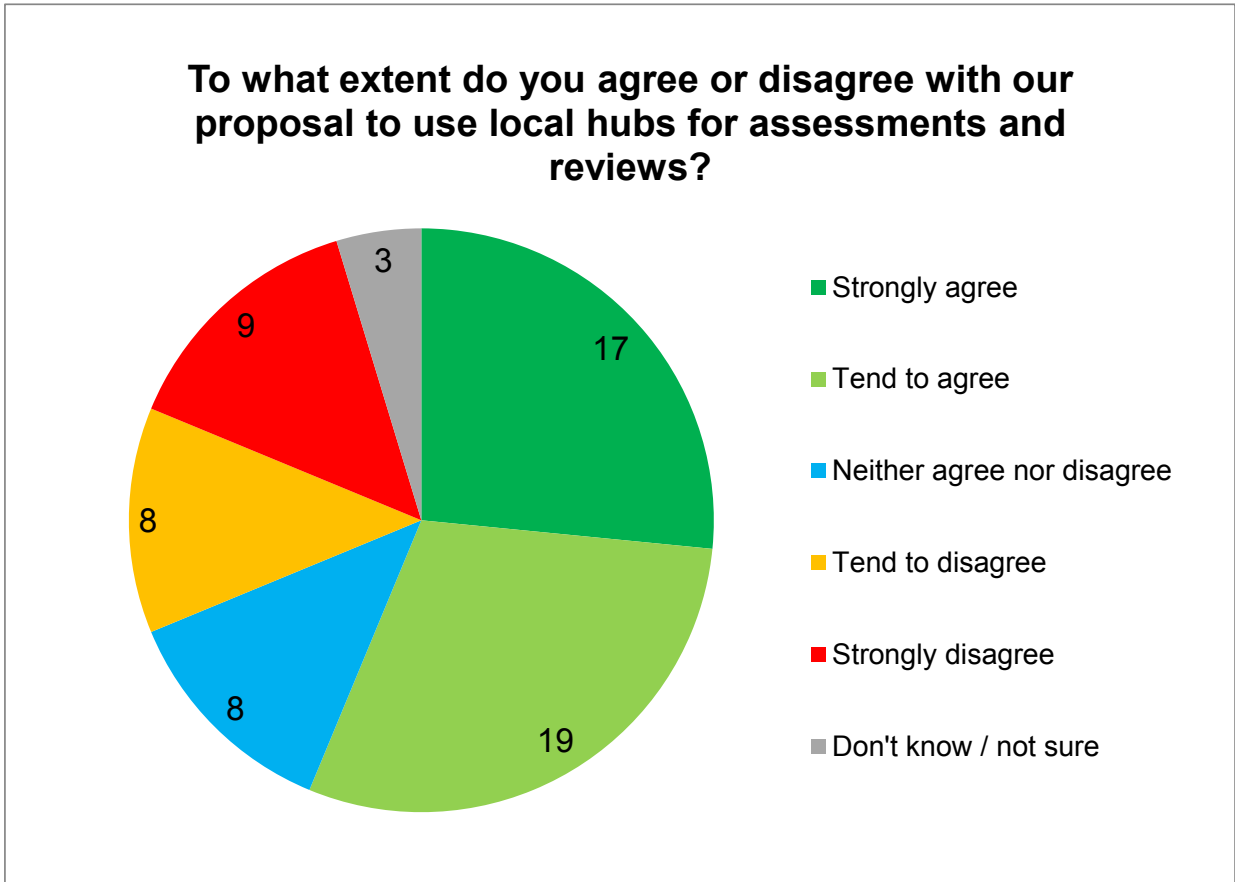
2.1.4 Using local hubs and improving collaboration with the voluntary and community sector

2.1.5 Views on using local hubs for assessments and reviews – quantitative results

Respondents were asked to what extent they agreed or disagreed with the council's proposal to use local hubs for assessments and reviews. Sixty four responses were received to this question.

Fifty-seven per cent of respondents agreed with the proposal to use hubs (27% strongly). Of the remainder 27% disagreed (14% strongly), with 13% neither agreed nor disagreed and 5% don't know/ not sure. Responses are shown in the chart below.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION



2.1.6 Analysis of responses – reasons given for views on using local hubs for assessments and reviews

Respondents were asked to give reasons for their views on the proposal for using local hubs for assessments and reviews. There 55 responses to this question 53 of which provided comments.

Many comments provided gave both negative and positive views (regardless of whether or not the comment followed an initial response of support/ oppose/ neither/ unsure). The table below has been compiled to help identify the themes emerging from all the free form responses. It identifies whether the comment type is broadly supportive (S) or opposed (O) to the proposals. Those unmarked are either interpreted as neutral observations or may be a mixture (in the 'other' category).

The largest number of comments (39%) emphasised the importance of recognising that some people would not be able to access a hub due to disabilities, hearing difficulties, frailty or difficulty with transport, and would need a home visit. On a similar theme, a smaller number noted that a hub appointment may not be suitable for those those with very complex needs, and that a visit to a person in their home environment may be needed to provide a complete picture of a person's circumstances and needs. Common concerns expressed also included a worry that the hubs model places too much reliance on unqualified staff to deliver services, and logistical and resource concerns.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

There were also a large number of comments in support of hubs, the largest proportion of which commented that providing people with access multiple services from one location would improve accessibility and speed of services. Many respondents also viewed the opportunity for more face to face communications via hubs as being a positive development.

Other comments expressed a concern that the council needs to retain a duty of care and follow up on any missed appointments, and concerns that it will take time for a range of organisations and services to work well together and for hubs to work well in practice.

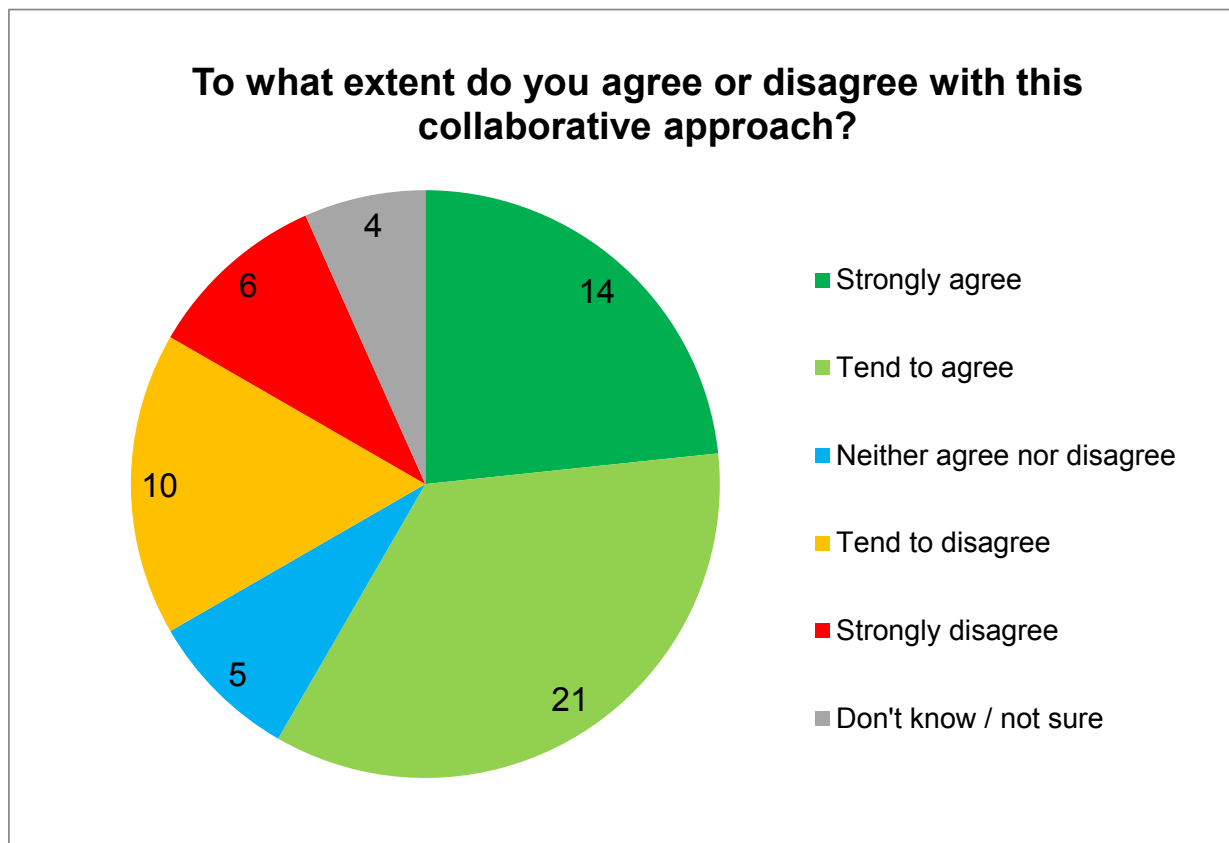
Comment	S	O	General Public	
			%	Base1
			100	55
No comment				2
Concern that some people could not access the hub due to disabilities, hearing difficulties, frailty or difficulty with transport, and would need a home visit		x	39%	21
Could improve speed and accessibility of services and enable people to access multiple services from one location	x		20%	11
Places too much reliance on volunteers or unqualified staff to deliver services		x	11%	6
Support for providing a face-to-face service to help people talk through what they need	x		9%	5
Query about hub logistics, such as staffing, locations, frequency and length of sessions		x	7%	4
General support for the hubs proposal	x		7%	4
Will save money/ make better use of staff time	x		7%	4
Assessment will not be a complete picture without a home visit		x	7%	4
May not be the right approach for people with very complex needs		x	6%	3
Concerns about privacy		x	4%	2
Support for proposal and suggesting a location for a hub	x		4%	2
Other			11%	6
Total number of different types of comments				72

2.1.7 Views on a collaborative approach with the CVS – quantitative results

Respondents were asked what extent they agreed or disagreed with the proposed collaboration with the CVS as outlined in the consultation. Sixty responses were received to this question.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Fifty-eight per cent of respondents agreed or strongly agreed, and 27% tended to disagree or strongly disagreed. Approximately 15% were neutral or not sure. The full results are shown in the chart below.



2.1.8 Analysis of responses – reasons given for views on a collaborative approach

Respondents were asked to give reasons for their views on the proposed collaborative approach. There were 50 responses to this question 48 of which provided comments.

Many comments provided gave both negative and positive views (regardless of whether or not the comment followed an initial response of support/ oppose/ neither/ unsure). The table below has been compiled to help identify the themes emerging from all the free form responses. It identifies whether the comment type is broadly supportive (S) or opposed (O) to the proposals. Those unmarked are either interpreted as neutral observations or may be a mixture (in the 'other' category).

A majority of comments (40%) were broadly supportive of a collaborative approach, with some specifically commenting on the strength of CVS services in Barnet. The next largest number of comments noted the limitations to the CVS resource and emphasised that some people will need professional social care assessment and support. Many other comments provided particular suggestions for how this should work in practice /caveats to their support for the approach, including that the CVS will need additional funding, volunteers will need training, or that the CVS will need monitoring for the collaborative approach to work in practice.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Specific concerns raised included ensuring accessibility of services to vulnerable groups such as those who are disabled, mentally ill, or deaf, and how to ensure privacy and data protection would be appropriately protected. It was also noted that here was people should not be restricted to using only those services they can access locally.

Comment			General Public	
	S	O	%	Base1
			100	50
No comment			4%	2
General support for this approach	x		40%	20
CVS groups won't be able to help everyone - some people will need professional social care assessment and support		x	16%	8
CVS groups would need additional funding in order to deliver this approach			16%	8
CVS staff and volunteers will need thorough training and monitoring			10%	5
Oppose use of CVS groups and volunteers to deliver services		x	10%	5
Need for coordination (a lead practitioner) to ensure multiple appointments are not needed in order to complete an assessment			8%	4
Concern about accessibility of services for people with disabilities		x	6%	3
Support with praise for excellent CVS services in Barnet	x		4%	2
Concern about privacy and data protection		x	4%	2
Other			16%	8
Total number of different types of comments				65

2.1.9 An increasing emphasis on online and preventative services

2.1.10 Views on three proposals for enhanced online and preventative services – quantitative results

Respondents were asked to what extent they considered the following proposals will be effective in helping people make more informed choices about their adult social care support:

- Extending the information and advice we provide about access to adult social care support
- Developing an improved service for carers that includes a range of interventions information and advice
- Introducing new online services to help people manage their own care and support

Between 55-57 responses were received on each of these questions.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

The results show that 73% of respondents considered that extending the information and advice we provide about access to adult social care support' would be effective (33% very effective). Similarly, 76% considered that developing an improved service for carers that includes a range of interventions information and advice would be effective (31% very effective).

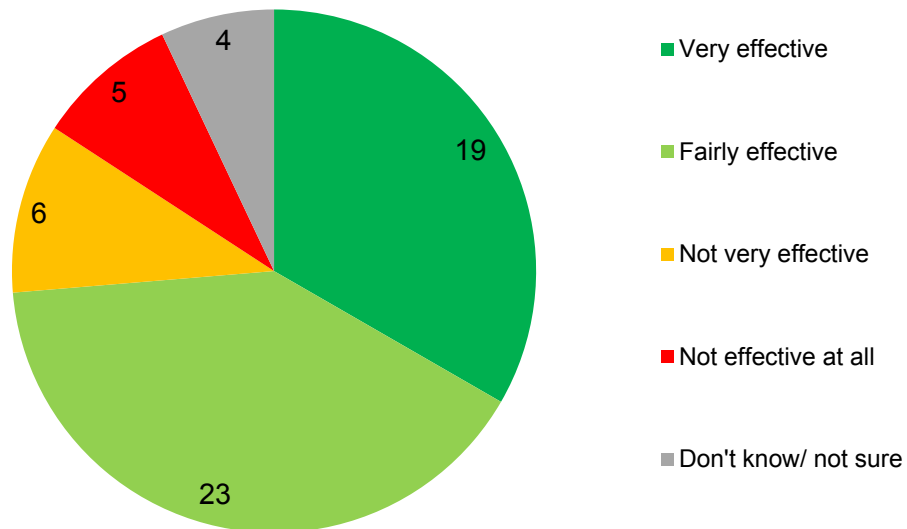
By way of contrast 50% of respondents considered that introducing new online services to help people manage their own care and support would not be effective, with only 42% considering it would be effective (13% very effective).

The table and charts below provide a full overview of responses.

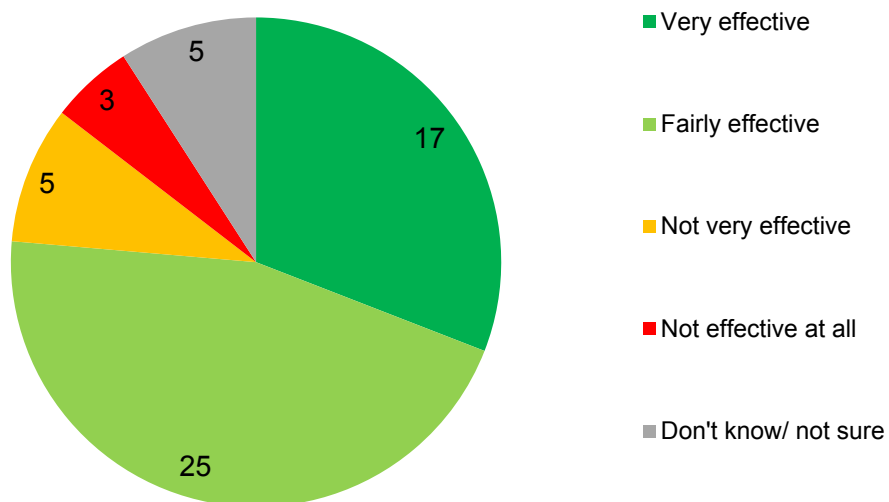
Q16: To what extent do you consider the following proposals will be effective in helping people make more informed choices about their adult social care support?						
	A: Extending the information and advice we provide about access to adult social care support		B: Developing an improved service for carers that includes a range of interventions, information and advice		C: Introducing new online services to help people manage their own care and support	
Response	Number	Percentage	Number	Percentage	Number	Percentage
Very effective	19	33%	17	31%	7	13%
Fairly effective	23	40%	25	45%	16	29%
Not very effective	6	11%	5	9%	14	25%
Not effective at all	5	9%	3	5%	14	25%
Don't know/ not sure	4	7%	5	9%	5	9%
Total responses	57	100%	55	100%	56	100%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

To what extent do you consider that extending the information and advice we provide about access to adult social care support will be effective in helping people make more informed choices about their adult social care support?

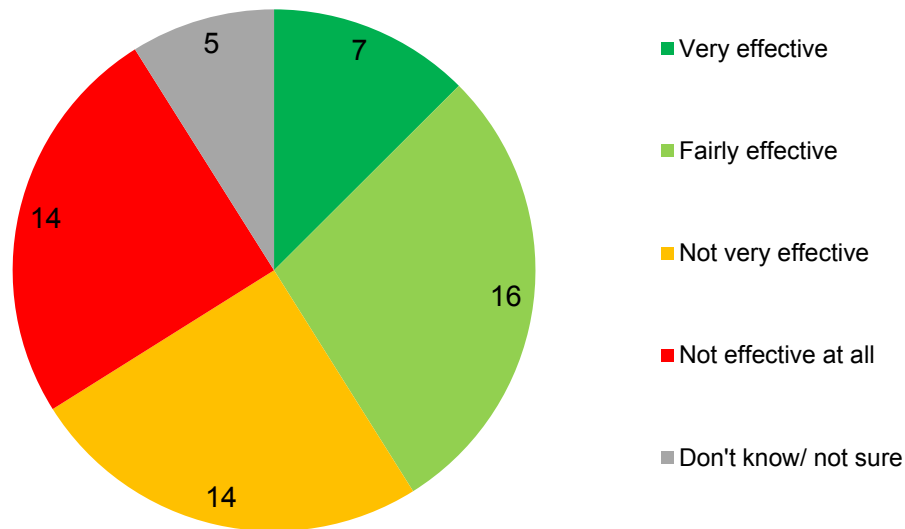


To what extent do you consider that developing an improved service for carers that includes a range of interventions, information and advice will be effective in helping people make more informed choices about their adult social care support?



CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

To what extent do you consider that introducing new online services to help people manage their own care and support will be effective in helping people make more informed choices about their adult social care support?



2.1.11 Analysis of results – reasons given for views on three proposals for enhanced online and preventative services

Respondents were asked to give their reasons if they felt any of the above three proposals would not work well. There were 38 responses to this question which provided comments, as summarised below.

A majority of comments made addressed the proposal to introduce new online services to help people manage their own care and support, which was also the proposal which received the larger proportion of ‘not effective/ not effective at all’ ratings. A large majority of the comments (68%) noted that online and digital means of communications would not everyone, and particularly highlighted many older people, those who have serious or long term sickness, those with learning disabilities and the blind. On a similar theme, 18% of responses commented that face to face communications are more effective and appropriate for some people, while 11% noted that not all people will have access to technology. Other comments made echoed concerns raised in other parts of the consultation survey responses, including concerns regarding ensuring access to services to all, resource concerns and comments that some people may require higher levels of support.

Please give reasons for your answer?	General Public	
	%	Base1
	100%	38

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Please give reasons for your answer?	General Public	
No comment	5%	2
Digital not good for older/ unwell/ people with learning disabilities/ blind. Does not tackle social isolation.	68%	26
Face to face is effective and needed	18%	7
Not all have access to/ can afford technology	11%	4
Other	21%	8
Total number of different types of comments		45

2.2. PART 2 - Organising the delivery of adult social care services

Part 2 of the consultation focused on the way in which the delivery of adult social services will be organised, and presented three options for consideration and comment.

2.2.1 Views on Option A – Keeping the adult social care service within the council - quantitative results

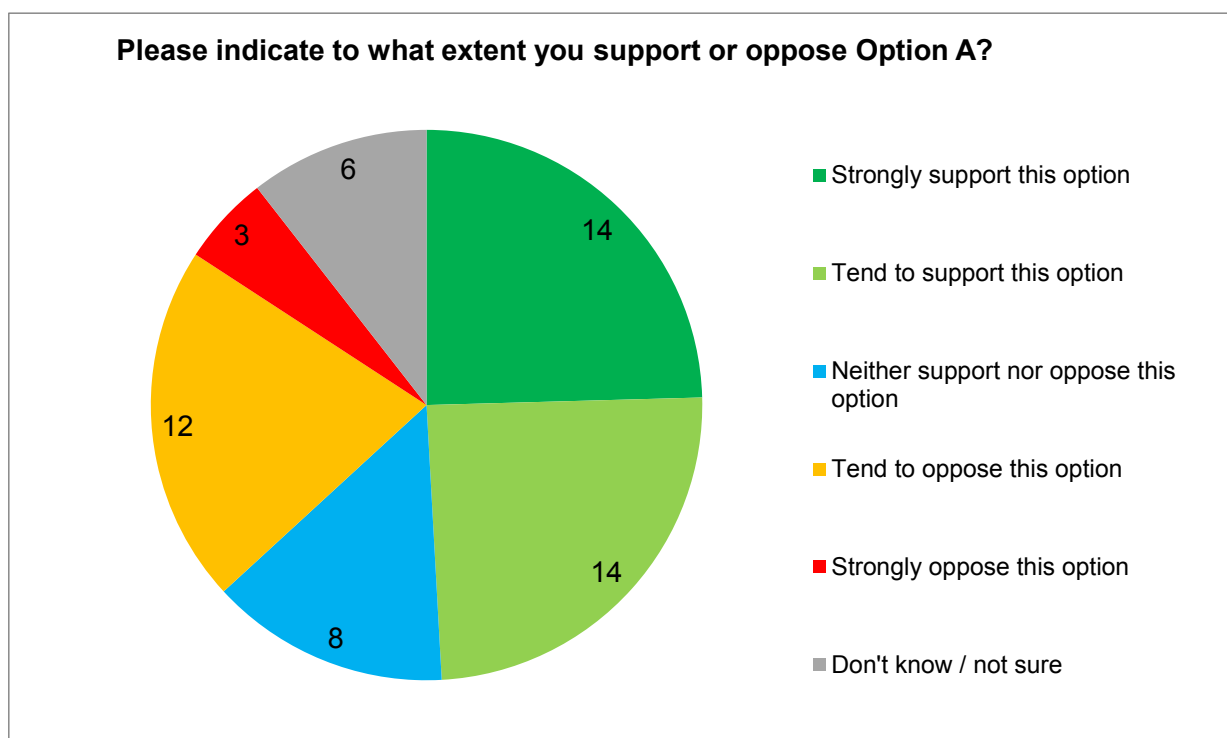
Respondents were asked to what extent they supported or opposed option A. Fifty-seven respondents answered this question, and the results are summarised below.

Half of respondents were in support of Option A. Twenty six per cent were opposed to Option A (5% strongly) with the remaining 25% neither support nor oppose (14%) or unsure (11%).

The results are shown in the table and chart below.

Please indicate to what extent you support or oppose Option A?		
Response	Number	Percentage
Strongly support this option	14	25%
Tend to support this option	14	25%
Neither support nor oppose this option	8	14%
Tend to oppose this option	12	21%
Strongly oppose this option	3	5%
Don't know / not sure	6	11%
Total responses	57	100%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION



2.2.2 Analysis of responses – reasons given for support/ opposition to Option A

Respondents were asked to give reasons for their support/ oppose/ neither/ don't know view on Option A. All 47 respondents to this question provided comments.

The table below has been compiled to help identify the themes emerging from all the free form responses. Where possible it identifies whether the comment type is broadly supportive (S) or opposed (O) to the proposals.

The largest reason given in support of Option A (23%) noted that an in-house service is the most democratically accountable model and ensures local control of services. Related comments in support included that continued in-house service is the lowest risk option and ensures continuity of service, and that the council has the greatest level of expertise in delivering social care and is the least risky option.

The greatest proportion of negative comments (21%) regarding Option A noted that the current service isn't working, and/or isn't the best way to deliver the proposed changes, with some giving the view that a cultural change is needed. Other comments noted a preference for Option B.

Comment			General Public	
	S	O	%	Base1
			100%	47
In-house service is the most democratically accountable model and ensures local control of services	x		23%	11

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Comment			General Public	
The current service isn't working, and/or isn't the best way to deliver the proposed changes to the service		x	21%	10
Continued in-house service is the lowest risk option and ensures continuity of service	x		15%	7
The council has the greatest level of expertise in delivering social care	x		13%	6
Involving other organisations would increase complexity and bureaucracy	x		9%	4
Don't understand/ insufficient information has been provided about the options	x		9%	4
Prefer option B as integration of health and social care is important		x	6%	3
Concern about pay and working conditions for staff under other models	x		4%	2
Other			17%	8
Total number of different types of comments				55

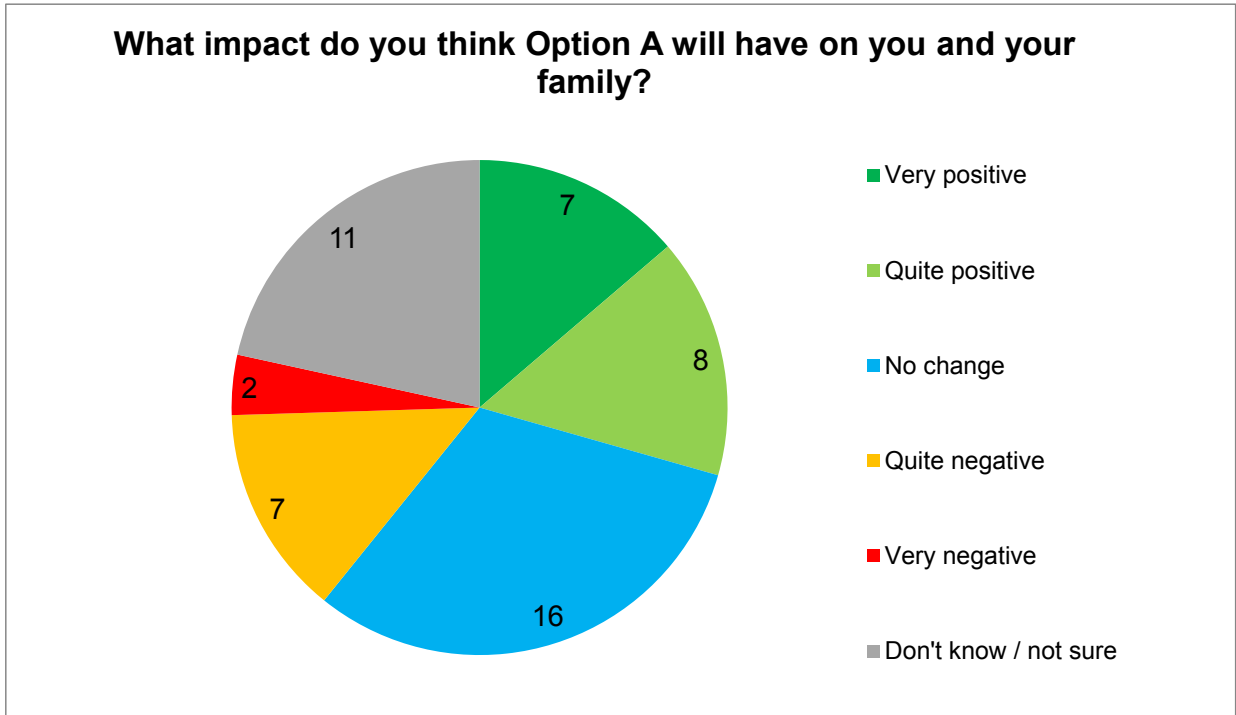
2.2.3 Views on what impact respondents felt Option A would have on them and their family – quantitative results

Fifty-one respondents answered this question. Respondents were fairly evenly split between those who felt the impact of Option A would be very positive/ quite positive (30%) and those who felt there would be no change (31%). A significant percentage (22%) was unsure of the impact with the remainder giving the view it would be negative (18%).

The responses are shown in the table and chart below.

What impact do you think Option A will have on you and your family?		
Response	Number	Percentage
Very positive	7	14%
Quite positive	8	16%
No change	16	31%
Quite negative	7	14%
Very negative	2	4%
Don't know / not sure	11	22%
Total responses	51	100%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION



2.2.4 Reasons given for views on the impact of Option A?

Respondents were asked to give reasons for their views regarding what impact they felt Option A would have on them and their family. Of the 37 responses to this question 31 respondents provided comments.

The below table identifies key themes of all the comments regarding Option A. These have been combined in one table to provide an overview of most common comments, and may relate to ‘positive’ ‘negative’ ‘no change’ and ‘don’t know/ not sure’ initial responses.

A majority of responses (24%) noted there was no impact on them as they were not a current service user. Five per cent also noted they did not feel they had sufficient information to respond. A majority of other comments were of the view this was the best option and expressed the view the council has the expertise to deliver social care or that the other options would increase bureaucracy or complexity. Of the negative comments regarding Option A, many noted that there needs to be improvements to current service provision and adjustments made to deliver the proposed changes.

Please give reasons for your answer?			General Public	
	S	O	%	Base1
			100%	37
No comment			16%	6
No impact for me as I do not use/make minimal use of social care services			24%	9
The council has the greatest level of expertise in delivering social care	X		14%	5

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Please give reasons for your answer?			General Public	
Do not think the other options would improve the service	x		8%	3
The current service isn't working, and/or isn't the best way to deliver the proposed changes to the service		x	8%	3
Involving other organisations would increase complexity and bureaucracy	x		5%	2
Don't understand/ insufficient information has been provided about the options			5%	2
Other			19%	7
Total number of different types of comments				31

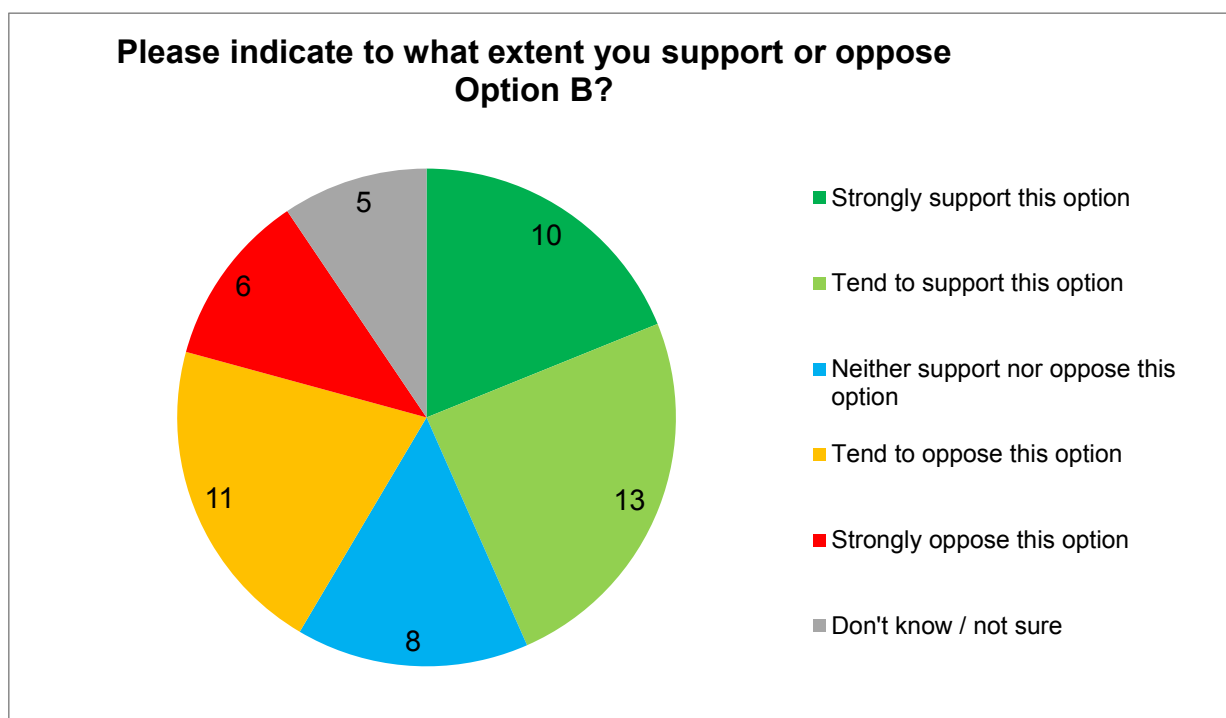
2.2.5 Views on Option B – Creating a shared service with one or more local NHS organisations - quantitative results

Respondents were asked to what extent they supported or opposed option B. Fifty-three respondents answered this question, and the results are summarised below.

Forty-one per cent of responses were in support of Option B (18% strongly supportive and 23% tending to support). Thirty-three per cent were opposed to Option B (11% strongly) with the remaining 22% neither support nor oppose (14%) or unsure (9%).

Please indicate to what extent you support or oppose Option B?		
Response	Number	Percentage
Strongly support this option	10	18%
Tend to support this option	13	23%
Neither support nor oppose this option	8	14%
Tend to oppose this option	11	19%
Strongly oppose this option	6	11%
Don't know / not sure	5	9%
Total responses	53	93%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION



2.2.6 Analysis of responses – reasons given for support/ opposition to Option B

Respondents were asked to give reasons for their support/ oppose/ neither/ don't know view on Option B. Of the 46 responses to this question 42 provided comments.

The table below has been compiled to help identify the themes emerging from all the free form responses. It identifies whether the comment type is broadly supportive (S) or opposed (O) to the proposals. Those unmarked are either interpreted as neutral observations or may be a mixture (in the 'other' category).

There were a wide variety of comments made on Option B. The majority of comments (28%) were supportive of Option B and felt it could provide a more joined up and efficient service. Other common comments expressed concern that the NHS might dominate social care in the partnership and impose a medical model, or that NHS services could not cope with any additional responsibility that would come out of a partnership. Further detail is provided below.

Please give reasons for your answer?	S	O	General Public	
			%	Base1
			100%	46
No comment			9%	4
This option could provide a more efficient/ joined-up/ holistic service	x		28%	13
Concern that the NHS would dominate the partnership and impose a medical model		x	17%	8
NHS services are already over-stretched and could not take on additional responsibilities		x	11%	5

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Please give reasons for your answer?			General Public	
Concern that this option is too ambitious/ would take too long to implement/ is not possible to implement		x	9%	4
Concern about loss of local control and accountability		x	9%	4
Do not think that this option would improve the service/ would generate more bureaucracy		x	7%	3
This could prevent people going into hospital or staying in hospital for longer than they need to	x		4%	2
Concern about staff turnover/ the level of staff experience and expertise under this option		x	4%	2
Support for a single budget for health and adult social care	x		4%	2
The CVS should also be involved in this option			4%	2
NHS and adult social care have different cultures/ values/ processes/ systems		x	4%	2
Concern that vulnerable people could "fall between the gaps" of the two services		x	4%	2
Don't understand/ insufficient information has been provided about the options			4%	2
Other			4%	2
Total number of different types of comments				53

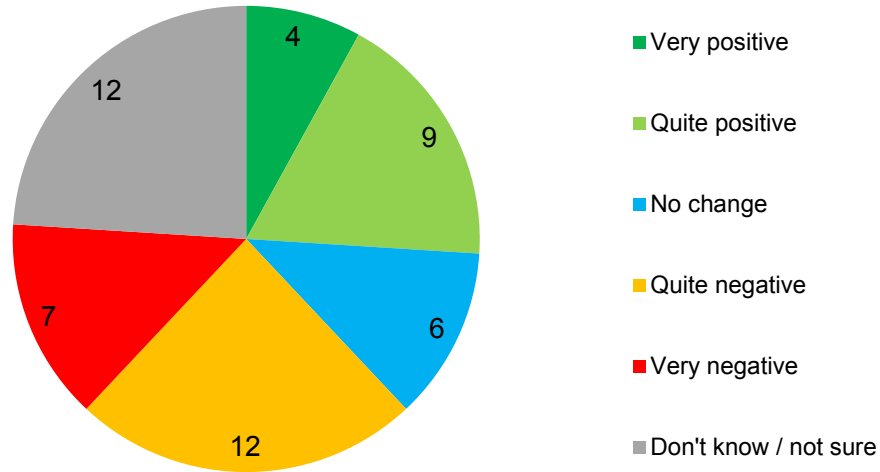
2.2.7 Views on the impact respondents felt Option B would have on them and their family – quantitative results

Fifty respondents answered this question. Most respondents (38%) considered the impact of Option B would be very negative (14%) or quite negative. Twenty-six per cent of respondents felt the impact of Option B would be positive, with an almost equal number (24%) unsure. Twelve per cent felt there would be no change.

What impact do you think Option B will have on you and your family?		
Response	Number	Percentage
Very positive	4	8%
Quite positive	9	18%
No change	6	12%
Quite negative	12	24%
Very negative	7	14%
Don't know / not sure	12	24%
Total responses	50	98%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

What impact do you think Option B will have on you and your family?



2.2.8 Reasons given for views on the impact of Option B

Respondents were asked to give reasons for their very positive/ quite positive/no change/ quite negative/ very negative and don't know/ not sure responses regarding Option B. Of the 29 responses to this question 27 provided comments.

The below table identifies key themes of all the comments regarding Option B. These have been combined in one table to provide an overview of most common comments, and may relate to 'positive' 'negative' 'no change' and 'don't know/ not sure' initial responses.

A large proportion (22%) commented that there was no impact on them or their families as they are not current service users. There was also a reasonably high proportion (7%) who felt insufficient information has been provided about the options.

The largest proportion of comments (22%) in favour noted this option could provide a more efficient/ joined-up/ holistic service. Other comments which opposed Option B were concerned that the NHS would dominate the partnership and impose a medical model, or felt that this option would not improve the service or would generate more bureaucracy.

Other points made included concern about loss of local control and accountability, concern about inexperienced staff, and that the CVS should also be involved in this option. Two comments in support noted that NHS involvement could improve social workers' understanding of medical problems, and that a closer alignment with social care work could improve awareness of / access to complementary alternative medicines.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Please give reasons for your answer?	S	O	General Public	
			%	Base1
			100%	29
No comment			7%	2
This option could provide a more efficient/ joined-up/ holistic service	x		22%	6
No impact for me as I do not use/make minimal use of social care services			22%	6
Concern that the NHS would dominate the partnership and impose a medical model		x	7%	2
Do not think that this option would improve the service/ will generate more bureaucracy		x	7%	2
Don't understand/ insufficient information has been provided about the options			7%	2
Other			33%	9
Total number of different types of comments				27

2.2.9 Views on Option C – Establishing a public service mutual – quantitative results

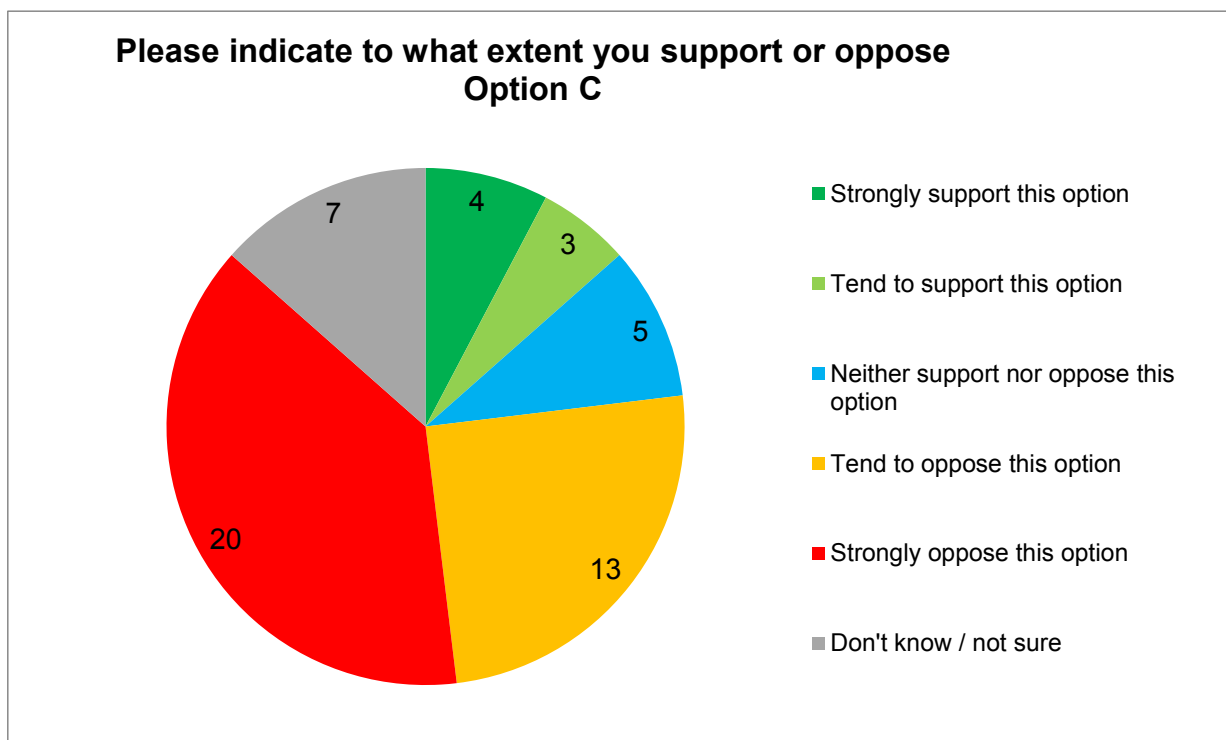
Respondents were asked to what extent they supported or opposed Option C.

Fifty-two respondents answered this question, and the results are summarised below.

Option C elicited the strongest response, with a clear majority (63%) opposed, which included 38% who were strongly opposed. Only 14% of respondents were supportive of this option, with the remaining 23% neutral (10%) or unsure (13%).

Please indicate to what extent you support or oppose Option C?		
Response	Number	Percentage
Strongly support this option	4	8%
Tend to support this option	3	6%
Neither support nor oppose this option	5	10%
Tend to oppose this option	13	25%
Strongly oppose this option	20	38%
Don't know / not sure	7	13%
Total responses	52	100%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION



2.2.10 Analysis of responses – reasons given for support/ opposition to Option C

Respondents were asked to give reasons for their support/ oppose/ neither/ don't know responses regarding Option C. Of the 45 respondents to this question 44 provided comments.

The table below has been compiled to aid in identifying the themes emerging from all the free form responses. The comments are identified in this table as to whether they are broadly supportive (S) or opposed (O) to the proposals. A vast majority of comments were opposed.

Most comments (22%) expressed the view that Option C was too ambitious and carries too much risk. Similarly many comments (19%) expressed opposition to adult social care services becoming part of a separate organisation, noting that adult social care is an integral responsibility of local government which should be closely managed and controlled within the council. A high proportion (11%) also commented that they considered Option C would be more expensive/ bureaucratic than the current model, while the same number felt there was a lack of sufficient information to fully understand what was proposed.

Other common comments included that Option C would be more expensive or more bureaucratic than current provision, that it would take too long and be too costly to set up, that it would not improve the quality of service and would not put the needs of service users first. Some also noted that a potential for confusion around accountability. A small proportion of comments in favour of Option C expressed a view that it could improve the quality of the adult social care service, and noted there were examples of this type of model working well elsewhere.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

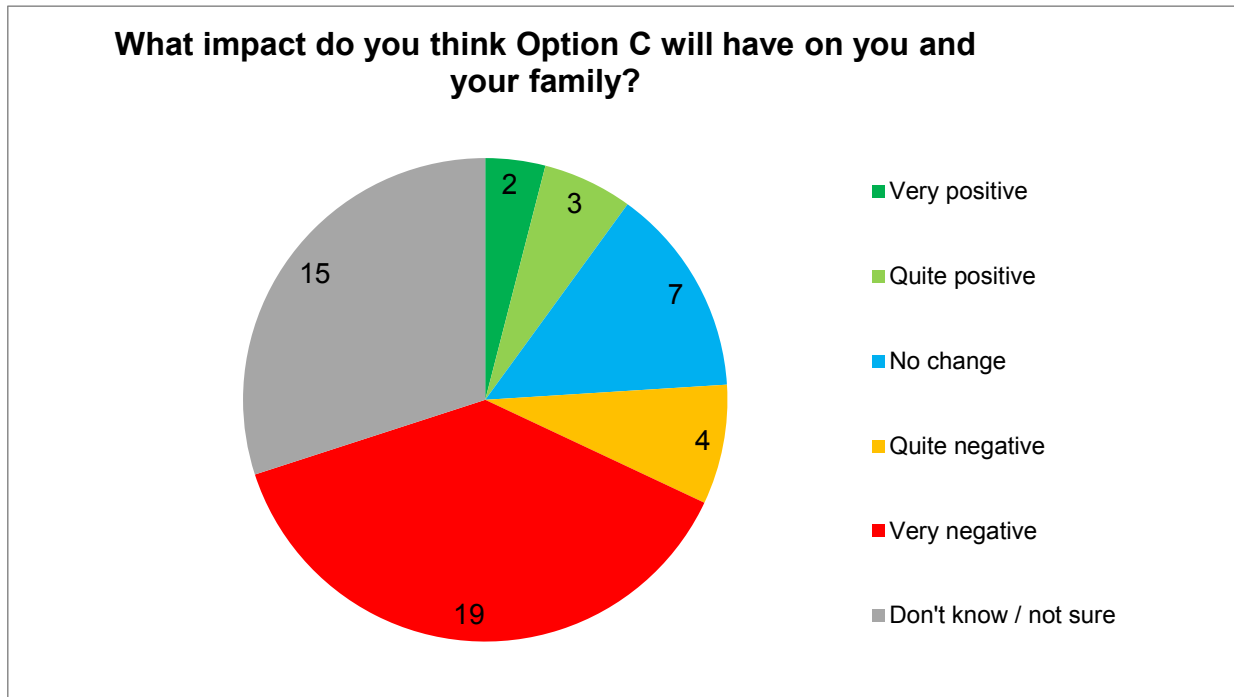
Comment	S	O	General Public	
			%	Base1
			100%	45
No comment				1
This option is too radical/ ambitious/ carries too much risk		x	22%	10
Do not want the ASC service to become a separate organisation - it should remain part of the Council		x	18%	9
Don't understand/ insufficient information has been provided about the options			11%	5
Would be more expensive/ bureaucratic than the current model		x	11%	5
There could be confusion about accountability		x	9%	4
Would not improve the quality of the ASC service		x	9%	4
Would take too long and cost too much to set up		x	4%	2
Prefer Option B		x	4%	2
Concerned that this option would not put the interests of people using the service first		x	4%	2
There are local/national examples of this type of model working successfully elsewhere	x		4%	2
Other			16%	7
Total number of different types of comments				52

2.2.11 Views on what impact respondents felt Option C would have on them and their family – quantitative results

Fifty respondents answered this question. Most respondents (46%) considered the impact would be negative (38% very negative), with the next highest proportion (30%) being unsure of the impact. Only 10% in total felt that the impact on them and their family would be positive/ very positive. Full results are shown in the table and chart below.

What impact do you think Option C will have on you and your family?		
Response	Number	Percentage
Very positive	2	4%
Quite positive	3	6%
No change	7	14%
Quite negative	4	8%
Very negative	19	38%
Don't know / not sure	15	30%
Total responses	50	100%

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION



2.2.12 Analysis of responses - reasons given for views on the impact of Option C

Respondents were asked to give reasons for their positive/ no change/ negative and don't know/ not sure responses regarding the impact they felt Option C would have on them and their family. There were 28 responses to this question, 22 of which provided comments.

The below table identifies key themes of all the comments regarding Option C which followed 'positive' 'negative' 'no change' and 'don't know/ not sure' initial responses. There was a lower number of responses to this question with a higher 'neutral' and negative theme to the comments consistent with the high proportion of don't know/ not sure and 'no change' responses received to the parent question.

A majority of comments (21%) stated they did not understand the question or felt that insufficient information had been provided, with the next highest proportion (14%) noting they were not a current service user, followed by 11% who commented that they did not want the adult social care service to become part of a separate organisation.

Other comments made included that Option C was too risky, that there could be confusion about accountability and that it would not improve the current quality of adult social care. Some comments had concerns regarding a disruption of service if Option C were approved, and the potential impact this could have on service users.

Comment			General Public	
	S	O	%	Base1
			100%	28
No comment			21%	6
Don't understand/ insufficient information has been			21%	6

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

Comment			General Public	
provided about the options				
No impact for me as I do not use/make minimal use of social care services			14%	4
Do not want the ASC service to become a separate organisation - it should remain part of the Council		x	11%	3
This option is too radical/ ambitious/ expensive/ carries too much risk		x	7%	2
There could be confusion about accountability		x	7%	2
Would not improve the quality of the ASC service		x	7%	2
Other			14%	4
Total number of different types of comments				23

SECTION 3

Consultative events

Detailed Findings

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

3 INTRODUCTION

This section provides the feedback from three face to face consultation workshops.

3.1 Consultative events

Two consultative events were held, one on 7th July at Chipping Barnet Library in the afternoon and one on 12th July at Hendon Town Hall in the evening, both of which were open to all members of the public.

A further consultation event was held with the Barnet Jewish Deaf Association on 26th July 2016, with BSL interpreters in attendance.

The events were designed to explore stakeholder and resident views on the proposals in the consultation, to understand service user perspectives in this context, identify issues and opportunities, and seek feedback and ideas.

3.1.1 Aims

- To gain an in depth understanding of stakeholders' priorities in adult social care.
- To gain an in depth understanding of stakeholders' top concerns
- To discover stakeholders' views on the proposed approach for a new way of delivering adult social care and the three options for the way in which services are organised.

4.1.2 Sample

In total, 45 stakeholders attended the events. There was a good mix of participants in terms of age, ethnic origin, gender and disability.

7th and 12th July

Invitations to the events held on 7th and 12th July were issued on the council website, via posters distributed in libraries and throughout the borough, and by email to key stakeholder groups. The events were open to anyone with an interest in adult social care provision (including service users, family/ friend carers, professional carers, CVS groups and representatives). Each event was held for approximately two hours.

Twenty-nine stakeholder groups were contacted direct via email, including an invitation to People Bank contacts (a database of around 300 people who have expressed an interest in the work of Adults and Communities).

Eighteen people attended the event on 7th July and 16 on 12th July.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

26 July - JDA

The event with JDA was organised in liaison with Association contacts and held at their meeting venue in Woodside Park, with two BSL interpreters in attendance. Twelve people attended this event.

Methodology

The format of the events was kept to an open forum/ workshop style. Participants at the events on 7th and 12 July were split across three tables of around 6 or 7 people per table, with approximately 20 people attending each session. Council staff from across the organisation provided facilitation for table discussions and captured feedback. There were 12 attendee participants at the event held with the Jewish Deaf Association, and the format of that event was retained as a one group discussion on the preference of that group.

The events were opened and facilitated by the Commissioning Director Adults and Safeguarding, and the Project Managers who gave a short presentation on the proposals and provided responses to questions.

Attendees at the events were invited to focus on the following questions:

- 1 To what extent do you agree with our proposals for:
 - Strengths-based approach.
 - Local hubs.
 - Better collaboration with voluntary and community sectors.
 - Services that prevent, reduce and delay people's need for support.
 - New online services

- 2 To what extent do you support or oppose each option:
 - Keep the adult social care service within the Council.
 - Create a shared service with one or more local NHS organisations.
 - Establish a public service mutual organisation.

Participants were given leeway to focus on the areas of most interest to them during the open discussions.

3.1.2 Summary of key themes from 7 July event

Key points made in the discussion are summarised below. Full notes of the event are appended at Annex B.

Comments on Question 1:

➤ Use of on-line services

A key theme emerging from the discussions was that while it was recognised there is a need to establish online provision for future generations, there was concern that it be recognised that not everyone is able to use online services. The point was also made that online provision needs to be accessible – both

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

through consideration of location/ transportation and physical access, and ensuring information and services can be accessed by those with learning disabilities and the visually impaired.

➤ **Community hubs**

There was general support for the idea of hubs and for people to get access to a range of services in one place. This was tempered by a caveat that hubs need to be accessible, and comments that there may be issues regarding transport, and the availability of interpreters and translators which could affect their suitability for some.

➤ **Collaboration with the CVS**

There was general support for the proposal for increased collaboration with the CVS, with comments noting that we should do more to coordinate service provision with the resource already available in the CVS, and enhance knowledge of that resource in the community. It was however noted that the resource in the CVS can be limited and would benefit from consideration of support from the council e.g. training or finances. Some also noted concerns regarding the quality of advice that may be received, and queried how monitoring and safeguarding would be managed.

Comments on Question 2:

➤ **Comments on option A**

A theme emerging from the group discussions was a broad support for not 'reinventing the wheel' and that it was a good idea to build on current service provision. This came with a caveat that services need to change and improve, and several areas were particularly highlighted as being problematic/ requiring improvement, as summarised below:

- Telephone interactions - lack of response/ mis-directions and a difficulty in obtaining information.
- Discharge from hospitals is poor.
- It takes too long to process applications.
- Social workers sometimes keep a poor audit trail and are difficult to get in touch with.
- There is no consistency across social workers and hand-overs (between social workers) are not carried out properly.
- Social worker retention is a major concern.
- Referrals take too long – sometimes up to a year.
- There should be a central system where all case details are kept so that people (service users and CVS groups) are not asked to repeat the same information.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

➤ **Comments on Option B**

While there was recognition that closer working with the NHS is needed and some support for Option B, the discussions also expressed several concerns about this option. These included concern over whether the NHS could cope with a merger, concern that adult social care would be the “poor relation” to healthcare, concern that ASC and the NHS have very different values (with the NHS having a medical focus rather than a social care one) which could form a barrier to them working effectively together, and possible conflicts over budget.

➤ **Comments on Option C**

While it was recognised that Option C provided potential opportunities e.g. for the council to create revenue and for practitioners to manage, the discussions largely focussed on concerns regarding this option. These included cost and difficulty to set up, concerns regarding how monitoring and accountability would work, queries over the governance structure and a concern there would be ‘too many bosses’, and general concerns it was too ambitious and risky, and there is a lack of information/ comparative examples to demonstrate how well this structure has worked elsewhere comparatively.

3.1.3 Summary of key themes from 12 July event

Comments on Question 1:

➤ **Implementing a strength-based approach to assessments and reviews**

There was overall support for the strength based approach, and a recognition that with population growth, life expectancy and reduced budgets placing a burden on the system, taking a practical approach and working differently was a positive development. Comments noted there is a need to build on what is already there and develop better links with those who already deliver CVS services. It was noted that to work effectively the approach needs to be joined up and comprehensive as not everyone has access to friends and family. Other cautionary observations included that often vulnerable people can't articulate their needs and some may struggle with filling in forms.

➤ **Community hubs**

There was general support for the idea of hubs, and agreement that the hubs model should allow for a more productive use of social workers' time, and a suggestion that hubs should not just be for initial contact and assessment but for follow up as well. There were some concerns expressed about how hubs would work in practice. Comments included a concern about how continuity of care would work in practice in a hub situation, and anxiety about that those in hubs may be non-skilled, have no practical knowledge and only be there short-term. It was stressed that there needs to be continuity and accountability. It was also noted that some may have difficulty in accessing hub. There were also alternative suggestions for locations for hubs other than GP surgeries, such as churches or libraries.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

➤ Collaboration with the CVS

There was general support for the proposal for increased collaboration with the CVS, with participants making the point that volunteers in the community can alleviate pressure on carers who are often elderly. A common comment was that volunteers are really valuable because they are caring and enthusiastic. It was also noted that carers sometimes do not know what is available to them, and they need better support, information and advice which is a gap the CVS could potentially fill. The limitations of the use of the CVS were also discussed; it was noted that there may be an issue working with volunteers when there is not a line management relationship, and that there is a cost to establishing and maintaining volunteer networks. Some noted that volunteers may need training and support as some issues are complex. It was noted also that finding people to coordinate and monitor the volunteers could be a challenge.

A specific example for more collaborative working with the CVS included a recommendation that service users could be pointed towards a package of other support available in the community e.g. a kind of 'handover and support plan' at the close of social worker support to provide a more joined up continuous care approach.

Comments on Question 2:

➤ Comments on Option A

There were no specific comments on Option A. However, many observations were made on current service provision which highlighted areas for improvement as follows:

- There is currently difficulty in gaining an appointment with a social worker, physiotherapist or occupational therapist, and referral appointments from district nurses and GPs often fall through.
- There is a lack of communication from social workers, and a lack of timely response to emails which has a big impact on families
- There is poor communication and information sharing between agencies
- It was noted that some social workers lack softer skills (attitude and empathy) and that these are vitally important as well as knowledge and skills
- There is currently huge anxiety for people when they lose a social worker, and poor signposting to community and other support available
- The public need better information / advice / checklists for all services available.
- More appropriate use of social worker resource needs to be made (e.g. there is not always a need to assess someone again where they are in a stable condition)

➤ Comments on Option B

There was support for the objectives of Option B and general agreement that coordination of social care, health and VCS working together could prove effective. Comments noted that social services need to be more joined up with health particularly in the area of communications to avoid service users having to repeat their story, and dealing with excessive bureaucracy. There was an

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

attraction to the holistic model and looking at the patient's problems as a whole. Concerns regarding Option B focussed on the large size of the NHS and comments that it currently has problems with service delivery which might be made worse. It was also feared that there may be more of a focus on the medical side rather than the social side if the services were joined, though it was noted this might be addressed or offset by increased involvement of the CVS.

➤ **Comments on Option C**

It was noted that Option C was more difficult to understand, particularly as there are not a great number of comparable examples, so it was difficult to provide comment. It was noted that while there are other examples of PSMs being implemented (e.g. Shropshire and Lincolnshire), the Barnet model would be likely to be more complicated. Participants noted the idea of staff being invested in the system they are working in was an attractive one, but had several concerns. These included a concern that funding might be withdrawn. It was also noted that to succeed the contractual arrangements of the PSM would need to be balanced and not too prescriptive, to allow the organisation leeway to do things differently. There was also a concern that the amount of policies and agreements needed for option C could lead to excessive bureaucracy, and that an 'outsourced' structure could affect accountability and transparency.

4.1 Summary of key themes from 26 July event with Barnet Jewish Deaf Association

Comments on Question 1:

➤ **Collaboration with the CVS**

Improved collaboration with the community and voluntary sector was welcomed, with the attendees emphasising the need for the Council to work in partnership with the Jewish Deaf Association. The point was made that the JDA is already providing excellent support to deaf people and the Council should build on and support this service rather than start developing its own services for deaf people. In this respect it was noted by several attendees that the JDA receives a large number of requests for support and should receive financial support from the Council.

➤ **Community hubs**

There was support for the idea of community hubs, and emphasis was placed on the particular needs of the deaf community. It was noted here is a lack of awareness of the communication needs of deaf people, and that face-to-face communication will always be the preferred method of communication wherever possible. There was a particular request for consideration of the location of a hub at the JDA site in Woodside Park to be considered. Comments were made that attendees like coming to the JDA, where communication is "easy", people know each other and the building is purpose-built to meet the needs of deaf people (for example, a flashing alarm when the doorbell is pressed). The building is also accessible by tube and bus. It was noted that any system for booking social care hub appointments would need to be accessible to deaf people.

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

➤ **An increasing emphasis on online and preventative services**

Online services were welcomed for those who are able to use them. It was noted that prompt acknowledgment that an email or request has been delivered safely would be reassuring. It was also noted that preventative services and acting before a situation reaches crisis point are good ideas and should help to save money and avoid problems escalating. In this respect it was noted that there is a need to avoid a long wait for an appointment with an interpreter present, as a small problem could become a big problem in that time.

Comments on Question 2:

➤ **Comments on Option A**

While there were no specific comments on Option A, many observations were made on current service provision and areas of improvement with particular regard to the needs of the deaf community:

- Sometimes a request is sent online and there can be a 1-3 week delay before anyone from the Council replies.
- Information, advice and advocacy services need to be much more accessible for deaf people. The Citizens Advice Bureau and Inclusion Barnet offer these services but don't provide interpreters so deaf people cannot access these services unless they bring their own interpreter – usually a friend or family member (which may not be appropriate for discussion of a sensitive/personal matter).
- Attendees said that in the past the Council had a social worker for deaf people who knew some BSL. As this post was removed there is now no dedicated social worker for deaf people, and the JDA is an only source of support and advice.
- There can currently be lengthy waits (e.g. six weeks) to get an appointment with an interpreter present.
- There is a lack of clear information that is given to deaf people about what help and support they are entitled to receive and the options open to them, e.g. deaf people should be advised that they are able to pay the difference in order to upgrade to a piece of equipment that is more expensive than the budget allowed, such as a flashing doorbell instead of a pager.

➤ **Comments on Option B**

It was noted that a shared service with the NHS could reduce duplication of services, result in a pooling of resources and possibly provide better value for money. Attendees had several questions on how a shared service with the NHS would work in practice. This included queries around how the budgets for NHS and social care funding would be arranged and the possible creation of a pooled budget. It was noted that where this has happened elsewhere, more money has been spent on social care in order to prevent people developing healthcare needs that result in them requiring expensive hospital care. It was also noted

CHANGING THE WAY WE DELIVER AND ORGANISE ADULT SOCIAL CARE IN BARNET CONSULTATION

that there could be benefit to exploring a 'hybrid' of Options B and C, with the NHS involved as a partner in the public service mutual option.

➤ **Comments on Option C**

There was no in depth discussion regarding Option C. However it was noted that there could be benefit to exploring a 'hybrid' of Options B and C, with the NHS involved as a partner in the public service mutual option.