

	<h2>Adults and Safeguarding Committee</h2> <h3>23rd January 2017</h3>
<p style="text-align: center;">Title</p>	<p>Prevention and Early Support Services: Consultation report</p>
<p style="text-align: center;">Report of</p>	<p>Commissioning Director Adults and Health</p>
<p style="text-align: center;">Wards</p>	<p>All</p>
<p style="text-align: center;">Status</p>	<p>Public</p>
<p style="text-align: center;">Urgent</p>	<p>No</p>
<p style="text-align: center;">Key</p>	<p>Yes</p>
<p style="text-align: center;">Enclosures</p>	<p>Appendix A: Prevention and Early Support Services Consultation report Appendix A 1: Consultation document Appendix A 2: Consultation document (easy read) Appendix B: Equalities Impact Assessment (EIA) Inclusion Barnet Appendix C: EIA CMHA Appendix D: EIA BAWA Appendix E: EIA Community Focus Appendix F: EIA Outreach Barnet</p>
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Summary

The council, through its adult social care and public health services commissioning plans, has recognised the importance of prevention services that are effective in keeping people independent and healthy. Over recent years the council has developed innovative community based services and initiatives that help people remain independent and reduce demand for adult social care services. The Care Act 2014 placed a duty on Local

Authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support.

The council has reviewed the prevention services it currently provides to ensure that they are evidence based and provide maximum value for money. The Adults and Safeguarding Committee considered the findings of this review at its November meeting and agreed proposals in relation to commissioned and grant funded services, subject to consultation. This report presents the consultation findings and asks the Committee to confirm their implementation.

Recommendations

- 1. That the Committee considers the findings of the consultation on the proposals for the Prevention and Early Support Contracts.**
- 2. That the Committee approves the mitigating actions as laid out in the report – at section 1 (tables 1 and 3 – 7) and 5.2.2.**
- 3. That the Committee agrees that the proposed changes, which were agreed at its November meeting subject to consultation (also detailed in section 1 of this report), are now implemented.**
- 4. That the Committee notes that engagement with service users and their families, and other key stakeholders will be an on-going process to ensure that developments support individuals.**

1. WHY THIS REPORT IS NEEDED

Background

1.1 On 10 November 2016, Adults and Safeguarding Committee received a report presenting how the council is meeting its Care Act 2014 prevention duties and delivering activities in line with national policy, with a service offer that has expanded since the introduction of the Act. At this meeting the Committee resolved:

- 1) That the Committee noted:
 - A) The expansion of prevention and early support activities targeting current and potential adult social care users in the borough;
 - B) The work being progressed to ensure that these activities provide good value for money and reduce future demand for Adult Social Care services.
- 2) That the Committee agreed the proposed changes to commissioned services as detailed in the report (section 2) subject to the outcome of consultation with current service users.
- 3) That the Committee agreed to receive a consultation report at its meeting on 23rd January 2017.

1.2 The proposals agreed, subject to consultation, at Adults and Safeguarding Committee on 10 November 2016 are detailed in table 1:

Table1: Proposals agreed, subject to consultation, at Adults and Safeguarding Committee on 10 November 2016

Contractor Name / Parent Company	Service Name	Contract End Date	Annual value	Recommendation
Review found that the following services are delivering services which are addressing key triggers and therefore contributing effectively as prevention and early support services				
Alzheimer's Society	Dementia community services	31/03/2019	£143,748	No change
Age UK Barnet	Home From Hospital	31/03/2019	£37,800	No change
Middlesex Association for the Blind	Sensory Impairment	31/03/2018	£26,834	No change
The Stroke Association	Stroke Support	31/03/2017	£104,970	No change
Review found that the following services provide a specific service but it is appropriate for the services to be provided by alternative funding				
Barnet Bereavement Service	Community Counselling	31/03/2017	£3,001	Alternative funding identified.
Barnet Depression Alliance	Depression Support Group	31/03/2017	£454	Alternative funding identified.
Review showed that the following service had a lower than anticipated level of use and alternative delivery has been identified				
Inclusion Barnet	Peer support planning and brokerage	30/09/2017	£146,523	Lower than anticipated level of use. Service can be provided by Social Workers. Do not renew once current contract ends in September 2017 efficiency of £73,261.5
Review found that the following services are not evidenced to be the most efficient or effective way of delivering early support				
Barnet Asian Women's Association	Mental Health Project	31/03/2017	£29,656	Do not recommit provision. Transition funding has been made available to support clients to access alternative provision (such as Wellbeing Hub, Neighbourhood services).
Chinese Mental Health Association	Floating Support	31/03/2017	£46,894	Do not recommit provision. Transition

				funding has been made available to support clients to access alternative provision (Wellbeing Hub, Neighbourhood services)
Community Focus	Community arts project (adults)	31/03/2017	£47,300	Do not re-commission provision. Currently funded through a corporate grant to subsidise courses – prices for courses will increase for clients and if they cannot afford this clients will be supported to access alternative provision (such as Barnet Mencap).
Outreach Barnet (Genesis)	Generic Floating Support Mental Health Floating Support	31/06/2017	£743,661	Do not extend. Re-commission (specialist mental health and generic floating support) with efficiency of £143,000 as part of accommodation and support framework.
The review found that the following services are addressing key triggers and where contracts can be refined and efficiencies taken with no impact on delivery (agreed by providers)				
Age UK Barnet	Neighbourhood Services (inc Handy person, Strength and Balance)	31/03/2018	£602,000	Efficiency of £30,000 from 01.04.2017 No impact on service users.
Barnet Mencap	Bright Futures	30/09/2017	£363,000	Efficiency of £15k from 01.04.2017

1.3 The Care Act 2014 (the Act)¹ placed a duty on Local Authorities to provide or arrange for the provision of services, facilities or resources, or to take other steps, which it considers will:

- 4) contribute towards preventing or delaying the development by adults in its area of needs for care and support;
- 5) contribute towards preventing or delaying the development by carers in its area of needs for support;

¹ The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

- 6) reduce the needs for care and support of adults in its area;
- 7) reduce the needs for support of carers in its area.

- 1.4 The Better Care Fund requires local areas to work across health and social care boundaries to reduce the numbers of elderly and frail people who have unplanned admissions to hospital and residential care.
- 1.5 The Five Year Forward View², published in October 2014, outlined the requirement for a radical upgrade in prevention and public health. In December 2015, the NHS planning guidance 16/17 – 20/21 outlined a new approach to NHS planning to 2020; to support the delivery of the Five Year Forward View. Every health and care system has been working to produce a Sustainability and Transformation Plan (STP), showing how local services will become sustainable over the next five years. Local systems are brought together in STP ‘footprints’ with Barnet included in the North Central London sub-regional area.
- 1.6 The council has worked through its commissioning plans to expand the range of effective prevention and early support services available in Barnet, in line with its duties under the Care Act 2014 as set out in the Prevention Services paper which came to the Committee in November 2016.
- 1.7 Within the resources available the council is improving its offer to become more targeted and evidence based. To meet Corporate Plan objectives of Fairness, Responsibility and Opportunity and achieve the council commissioning requirements, prevention and early support should:
- Address the known triggers for increased dependence on adult social care provision (i.e. have a strong evidence base)
 - Allow residents and their carers to be proactive in the care and support
 - Provide good value for money both by investing in what works and making sure that services are used
 - Be easy to access and able to provide to all those who may need the service
 - Be responsive to changing population needs.
- 1.8 The current prevention and early support offer includes:
- Transformational programmes including Care Space, strengths based practice and an enablement model of mental health support
 - Improved support for carers (including young carers)
 - A focus on employment for adults with disabilities
 - A focus on the right home, accommodation support and hospital discharge services to avoid admission to residential care
 - Appropriate, accessible and effective information and advice
 - An active ageing programme consisting of a neighbourhood model of day services and locality development programmes harnessing community and volunteer capacity (Altogether Better/Ageing Well)

² Five Year Forward View - <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

- Joined up health and social care pathways for stroke and dementia.

Consultation on changes to the prevention and early support offer for 2017/18

- 1.9 Knowledge and understanding of what works in terms of preventing, reducing and delaying the need for adult social care has increased. The prevention offer needs to prioritise evidence-based services in light of the financial challenges facing all local authorities. The council has reviewed all prevention services it currently provides to ensure that they are evidence based and provide maximum value for investment.
- 1.10 Following a review of the prevention and early support offer, Adults and Safeguarding Committee, on the 10 November 2016, agreed to the proposed changes to commissioned services (table 1) subject to the outcome of a consultation with current services users, their families and other stakeholders (see appendix 1 for more information).
- 1.11 Consultation was carried out for the services where the proposal would have an impact on service users. Consultation was also undertaken with providers to assess the sustainability of the organisation to assess the full impact on residents. Therefore, consultation activity was carried out for the services detailed in table 2.

Table 2: Services subject to consultation

Contractor Name / Parent Company	Service Name	Contract End Date	Annual value	Recommendation
Barnet Asian Women's Association*	Mental Health Project	31/03/2017	£29,656	Do not recommission provision.
Chinese Mental Health Association*	Floating Support	31/03/2017	£46,894	Do not recommission provision.
Community Focus*	Community arts project (adults)	31/03/2017	£47,300	Do not recommission provision. Currently funded through a corporate grant.
Inclusion Barnet	Peer support planning and brokerage	30/09/2017	£146,523	Lower than anticipated level of use. Do not renew once current contract ends in September 2017 efficiency of £73,261.5

* The committee should note that the council is unable to extend these contracts/grant agreements beyond the stated end date due to procurement

rules and would need to carry out a new procurement process for the service provision if they were to be continued.

Consultation report

- 1.12 The consultation ran from the 28 November 2016 – 10 January 2017 with an online questionnaire being available during this period on the council’s Engage Barnet website available to all stakeholders. The full consultation document (as well as an easy read version) was available. Appendix A contains a full consultation report.
- 1.13 204 people were engaged in the consultation. 129 people responded to the consultation via the online questionnaire (including seven easy read questionnaires returned by post), individual face-to-face meetings, one-to-one telephone consultations and focus groups.
- 1.14 Consultation responses were predominantly negative. The tables (tables 3 – 7) below outline the consultation comments and responses from the council with regards to how the council proposes to address the concerns raised.

Table 3: Responses to consultation comments for Inclusion Barnet

Comment	Response
<p>Ability of adult social care to respond to the needs of this client group given that social workers have large workloads, that it is difficult to speak with social workers and they do not have appropriate knowledge of disabilities.</p>	<p>Social Work is a regulated provision with a requirement for all Social Workers to maintain knowledge and keep professional standards, this includes knowledge of disabilities. Social workers have appropriate knowledge of disabilities with different Social Workers and Assessment and Enablement Officers having a range of knowledge within the teams. Knowledge of disabilities is a core part of social work training. LBB has recently undertaken a large scale piece of work to change social care practice to a strengths based model for assessments and reviews. This change will help LBB to make sure that we work with clients to help them achieve their aspirations. LBB recognises that, like most London boroughs, recruiting and retaining social workers can be challenging and this can lead to pressure on social work time. Going forward, the recent change in social work practice will help address this challenge.</p>

<p>Social Workers are only concerned with money and are under pressure not to spend it.</p>	<p>The council has statutory duties and a duty of care to residents and must ensure under the Care Act 2014 that those eligible for social care provision have their eligible care and support needs met and Social Workers make decisions for care in line with this duty.</p>
<p>The service is not duplication of social work, people with lived experiences are good role models.</p>	<p>The Peer Support and Brokerage Service carries out support planning and brokerage, following a social care assessment. Support planning and brokerage is also carried out by the Adults and Communities Delivery Unit.</p> <p>Adult Social Care has a number of Assessment and Enablement Officer roles and proactively encourages people with lived experience of disability to apply for these roles when available, as well as other roles in Adults and Communities.</p> <p>The council has recently achieved Disability Confident³ level 1 status. Achieving level 1, and is intending to achieve level 3 status. This status shows the council's commitment to actively seeking and hiring skilled disabled people within the organisation and the organisation's supply chains.</p>
<p>The value of a service independent from the council</p>	<p>The Care Act 2014 imposes no specific obligation to provide an independent support planning and brokerage service.</p> <p>Practitioners working for Adults and Communities work with adults with care and support needs to design their care and support plan based on Care Act 2014 eligibility criteria and agree the outcomes that they wish to achieve and how best to meet these outcomes. The Brokerage Team then works with providers to source the services at the right quality.</p>
<p>The lack of referrals by Social Workers was deliberate.</p>	<p>There is no evidence to suggest that social workers are deliberately not</p>

³ Information about Disability Confident Employer Status - <https://www.gov.uk/government/collections/disability-confident-campaign>

	making referrals to the service or not making users aware of the service. It is the service user's choice to be referred to Inclusion Barnet and Social Workers cannot refer them without their agreement.
Under performance against the contract has been a longstanding issue. A review was undertaken in 2015 to develop an action plan to increase referrals. Why was no action taken by ASC to increase the number of referrals or to reduce the contract value to reflect the numbers using the service (comment from organisation).	Following the review in 2015, an action plan was agreed and this included various actions including communications with staff, clear direction to managers and regular monitoring of referral numbers. These actions were undertaken with social workers and other staff and despite a large push for referrals, numbers had not increased. Following the review in 2016, despite actions being completed, referrals have not increased to the expected levels, noting that it is the service users choice to be referred.
An option to tender for a reduced peer support service has not been considered and there are no alternative plans in place to ensure that social care clients have appropriate support to exercise choice in their care plans(comment from organisation).	The option of a reduced peer support service was considered. However, based on the number of service users choosing peer support planning, the service would be very small (approximately equivalent to one small part-time role). This would create issues in terms of maintaining skills and knowledge; and ensuring quality and safety of support planning practice, given the low levels of activity.

Table 4: Responses to consultation comments for Chinese Mental Health Association

Comment	Response
Chinese Elders cannot attend alternative provision – for example Age UK Barnet or Ageing Well activities – because it is not culturally appropriate.	The Barnet Wellbeing Hub, of which the Chinese Mental Health Association is a lead provider, offers alternative social prescribing provision and service leads are working closely with commissioners to support Chinese residents, including elders, with mental health needs to access culturally appropriate support services such as: <ul style="list-style-type: none"> • Talking Therapies (including IAPT – Improving Access to Psychological Therapy) and employment support (MAPS and IPS – Individual work

	<p>Placement Support)</p> <ul style="list-style-type: none"> • Digital Mental Wellbeing Service will also be available in early 2017. • Barnet Wellbeing Service – Chinese Mental Health Association – emotional health checks • Citizens Advice Bureau (for information and advice). • Age UK Barnet Neighbourhood Model for older people services <p>The Age UK Barnet Neighbourhood Model for older people services has worked with a range of local groups and individuals, over the last two years to put in place a range of activities that people from different cultural backgrounds can attend and located across the borough. The model can be further developed, using £20,000 transition funding from the council, to ensure that it is appropriate for older people from the Chinese community, if this is perceived to not be the case currently.</p> <p>Chinese Elders and CMHA have already participated in the ABBO (Altogether Better Burnt Oak) Multicultural Festival and Parade, which is part of the Ageing Well Programme.</p> <p>The Ageing Well programme recruits local volunteers from different communities to lead activities for their peers and there are opportunities for volunteers, working with CMHA to be supported by the Ageing Well programme.</p>
<p>Members have been provided opportunities to get involved more in the community, including the hosting of the Barnet WMHD event in 2016, and performances and participation at the ABBO Multicultural Festival and Parade.</p> <p>Our concerns with the ability of elderly members and those with mobility issues in particular accessing the clubs was allayed with the integration of the Community Transport Service, allowing</p>	<p>As part of the council's approach to supporting people to age and live well, the borough's Ageing Well programme recognises and supports the benefits of older people being involved in the community and participating in events which allow individuals to meet new people and form new friendships.</p>

those without the means themselves to attend events and activities.	
Concerns about the quality of translation means that appropriate translators may not be used, excluding some service users.	The new Wellbeing Hub, which includes CMHA, will include access to translation services. In its role in building the new Wellbeing Hub, CMHA will be able to advise on appropriate translators and matching individuals who have the same cultural backgrounds for peer support.
A concern that the decision regarding the provision is solely financial driven.	The report to Adults and Safeguarding Committee (10 November 2016), included details of the new mental health provision being established by the CCG and council, in partnership with Community Barnet. These new evidenced based services, replace the existing historical mental wellbeing services in the borough. CMHA is a core partner in the provision of the Wellbeing Hub.

Table 5: Responses to consultation comments for Barnet Asian Women's Association

Comment	Response
Other provision targeted at the Asian community is perceived as 'unfriendly' for specific religious groups. The proposal to move service users to alternative provision fails to recognise that alternative provision will not be appropriate for some religious sects or groups – e.g. Muslim women.	<p>In terms of onward referral for support with mental health needs, there is a new Wellbeing Hub.</p> <p>The Barnet Wellbeing hub acts as the conduit linking individuals with services and activities in the statutory sector as well as by the voluntary sector, and in the community. The CCG are working with a range of partners to ensure that the service is appropriate for those groups that historically only access services in crisis such as some groups of Asian women.</p> <p>The Barnet Wellbeing Hub aims to:</p> <ul style="list-style-type: none"> • Create a safe and welcoming facility for people to access community based services • Support people to become more involved in community activities • Support people into services via a social prescribing process • Enable people to better manage their health and long term conditions

- Reduce reliance on medical interventions by offering service with social benefits
- Provide an alternative service for people experiencing difficulties with their Wellbeing before they turn into a crisis.

The service offers an Emotional Health Check (EHC) from trained Wellbeing Navigators. The EHC belongs to the individual and includes the formulation of a tailored wellbeing plan to help individuals identify their priorities and goals, and suitable services to meet their needs. Wellbeing Navigators assist with the signposting and introduction to the relevant services, working with a wide range of organisations and providers to provide support services or Wellbeing activities.

People can call or drop in to the centre across a range of opening times.

The Hub can meet requests for translation/interpreting services to support people to be informed about services to help to meet their specific needs.

£9,500 transition funding, from the council, is being made available to support current BAWA service users to alternative provision.

Community Barnet is the lead organisation for Wellbeing Hub development and is supporting the development. There are other organisations working together as part of the Wellbeing Collaborative as part of Barnet's Reimagining Mental Health Programme that has been running for the last 18 months to improve mental health and wellbeing services in Barnet.

Other alternative provision includes:

- Talking Therapies (including IAPT – Improving Access to Psychological Therapy) and employment support

	<p>(MAPS and IPS – Individual work Placement Support)</p> <ul style="list-style-type: none"> • Multilingual Wellbeing Service (wellbeing services tailored to language and cultural needs) • Digital Mental Wellbeing Service will also be available in early 2017 • Ageing Well Provision • Neighbourhood Services (led by Age UK Barnet) • Later Life Planners (Age UK Barnet) • Sangam Asian Women’s Association • Citizens Advice Bureau (for information and advice). • Age UK Barnet Neighbourhood Model for older people services <p>The Age UK Barnet Neighbourhood Model for older people services has worked with a range of local groups and individuals, over the last two years to put in place a range of activities that people from different cultural backgrounds can attend and located across the borough.</p>
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Table 6: Responses to consultation comments for Community Focus

Comment	Response
<p>The Council has not adhered to its own disinvestment policy in its communication with providers or the timescales for decommissioning (comment from organisation).</p>	<p>The council has followed the “Charter for Barnet with the Voluntary and Community Sector”.</p> <p>In 2010, the council agreed to discontinue annual core grants to voluntary and community groups in favour of commissioning services from the sector. Corporate Grants are now awarded to voluntary and community sector organisations who bid to provide activities that meet the council’s corporate objectives and awarded at a maximum of £10k and are restricted to helping voluntary groups initiate a new sustainable project /activity (one-year grant) or used for a one-off purchase. Therefore, this proposal brings the Community Focus grant in line with the Corporate Grants process.</p>

Corporate Grants are agreed at and overseen by the Community Leadership Committee. On the 9 March 2016, Community Leadership Committee agreed to extend Community Focus' grant for another 12 months and Community Focus were informed of this 12 month extension on the 5 April 2016, where Community Focus were informed of the extension allowing for a review of the work of the organisation in the context of the council's procurement options for services for older people and people with disabilities.

Community Focus is in regular contact with LBB's grant manager and a number of meetings have been held between Community Focus and the council (the Leader, Commissioning Director for Adults and Health, Strategic Lead for Adults Health, Commissioning Lead Health and Wellbeing, Prevention and Wellbeing Manager) between August – January to discuss the review, the council's commissioning plans and supporting the organisation to be able to provide individually commissioned services i.e. as part of support plans for adults social care clients. In August, the organisation was notified about the review and the explicit terms of the grant only being for one year from March 2016.

Community Focus has also been receiving support from Community Barnet. Community Barnet have been commissioned by the council to provide support to the organisations affected by the proposals through individual meetings and group workshops. Community Focus have benefited from support from Community Barnet regarding potential partnerships, business models, exploring alternative funding and communication / promotion of their services.

<p>Social Care clients attend Community Focus although this is not part of their formal care plan. If Community Focus' provision ends how will the council ensure that these needs are met?</p>	<p>Community Focus, with support from LBB and Community Barnet, are looking to develop their service model to include a couple of days a week of full day support and are looking at increasing prices for the courses.</p> <p>The council has a statutory duty to meet eligible social care needs and will continue to provide appropriate support plans for all clients with eligible social care needs.</p> <p>If this specific service was to meet a person's specific need then funding would be provided via the individuals support plan.</p> <p>The council has been working with Community Focus to support the organisation to be able to provide individually commissioned services i.e. as part of support plans for adults social care clients.</p> <p>Community Focus are looking to develop a service package for residential care homes.</p>
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Table 7: Comments about the way we consulted

Comment	Response
<p>Some service users are not computer literate or do not have access to computers including the online questionnaire timing out/closing.</p>	<p>The consultation ran from the 28 November 2016 – 10 January 2017 and included:</p> <ul style="list-style-type: none"> • Press release and promotion through internal social care teams and voluntary sector • Online questionnaire (indicating that this can be provided in alternative formats) • Easy read consultation document • Paper copies of the questionnaire were available and could be posted back or delivered • All service users were offered the opportunity to take part in a focus group and/or 1-2-1 (face-to-face and telephone) discussions • LBB uses Survey Monkey for
<p>The consultation process did not run for an adequate amount of time.</p>	
<p>A comment that the documents were not accessible for people who are not literate</p>	
<p>Some carers do not have the time to engage in the questionnaires</p>	

	<p>online questionnaires which does not time out.</p> <p>LBB's Equalities Lead considers that the actions undertaken to promote inclusion in the consultation exercise for the relevant organisations, their service users and carers and others are likely to reflect that, in accordance with the council's public sector equality duty, due regard has been paid to equalities requirements in the Equality Act 2010 in the consultation exercise.</p>
<p>Rationale for decisions are not clear</p> <p>The question is phrased ambiguously and is not clearly defined</p> <p>The outcome of the responses whether individuals agree or disagree with the proposal has not been made clear.</p> <p>There is no clear outcome for our members what will happen if the proposal is implemented or what will happen if we disagree with the proposal.</p>	<p>Rationale for decisions, implications and details of alternative provision were provided in the consultation document.</p>
<p>Some individuals felt unable to share personal experiences and opinions in a group setting</p>	<p>All service users were offered an opportunity to speak to council officers in a 1-2-1 (either face-to-face or over the phone) discussions.</p> <p>Service users were encouraged to complete the online questionnaire which was anonymous.</p>
<p>Some individuals asked how the consultation feedback would be used and whether the comments would be responded to</p>	<p>Focus group participants will be provided with a copy of the consultation report (sent via the organisation) which outlines how the consultation has shaped service delivery.</p> <p>The consultation report will be presented to Adults and Safeguarding Committee on the 23 January 2017 to allow for the Committee to make a decision regarding the services (following the Committee meeting on 10 November 2016 where proposals were agreed subject to the consultation).</p>

2. REASONS FOR RECOMMENDATIONS

- 2.1 The council needs to ensure that public resources are used as effectively as possible, which means commissioning services which are of the highest quality and provide good value for money in terms of levels of participation.
- 2.2 The recent review, outlined in the report of 10 November 2016, has shown that some of the service provision is duplicated, or not as effective as it could be. A number of issues were raised as part of the consultation and these are outlined in section 1 with the action that the council has identified, within the statutory framework of social care, to address the issue.
- 2.3 The council has also considered the equalities impacts and has identified mitigating measures to minimise any possible adverse effects, which will be implemented subject to the Committee's agreement. Full equalities impact assessments are appended to this report.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 In order for the Committee to meet statutory duties and the MTFS requirements, the proposed recommendations are judged to be the optimum balance between preserving services and meeting the required savings.

4. POST DECISION IMPLEMENTATION

- 4.1 The mitigating actions set out in this report will be implemented and service users will be supported using transitional funding, to access suitable support, working with Barnet CCG. The council will continue to review and monitor the impact of the changes and incorporate findings into commissioning plans.
- 4.2 The council will continue to work with providers regarding future commissioning opportunities. Providers will also be referred to Community Barnet for specific, tailored support.
- 4.3 Officers will continue to review and manage existing services to ensure that they are effective and delivering maximum value.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 As detailed in the Adults and Safeguarding Commissioning Plan, 2016 – 2020:

- Fairness in adult social care means that services respond to the needs of diverse communities. It means ensuring that older and disabled people, including adult social care service users and their carers, are able to participate in community life just as other residents can and that services provided by the council are accessible and welcoming to older

and disabled people, adult social carer service users and carers irrespective of their particular cultural needs.

- Responsibility in adult social care means that services will work with older and disabled people to remain as independent and self-reliant as possible, it means that social workers will always focus on what people can do, not on dependency, and will work with service users, and carers, to find ways to help them support themselves, using community resources and the support of their family and friends and that social workers will work to ensure that people are able to move back to living independent lives as quickly as possible, ensuring a timely response to changing needs.
- Opportunity in adult social care means that disabled people have the right to work as much as any other Barnet resident. The council's services will actively support adult social care service users to access employment and volunteering opportunities, it means ensuring people can stay living in their own homes for as long as possible and avoid residential care as much as possible and that council services will actively support carers to play a full part in their communities, accessing services and opportunities for employment and training.

5.1.2 This approach echoes the themes of the Joint Health and Wellbeing Strategy (2015 – 2016) which has two overarching aims of “keeping well” and “promoting independence”. In particular, the approach supports the Strategy’s focus on early intervention. This approach clearly supports some of the key priorities in the strategy such as supporting carers and supporting people to gain and retain employment.

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

5.2.1 The Council’s Policy and Resources Committee on 28 June 2016 tasked the Adults and Safeguarding Committee with developing proposals for savings of £15.070m between 2017 and 2020. The priority focus will be reducing demand for Adult Social Care Services through the development of a range of services as an alternative to high cost provision and commissioning the most effective prevention and early intervention services. The potential cost savings following the review are twofold: mitigating demand and providing alternative, lower cost community based provision.

5.2.2 Responding to the needs identified in the Equalities Impact Assessments and the consultation, the paper highlights the actions being taken by Commissioners to minimise the impact of the recommendations and support transition to new services which will be funded (in 2017/18) by:

- Public Health funding:
 - £20,000 to ensure that provision meets the needs of people from Chinese Mental Health Association
- Council’s Service Development Fund:
 - £9,500 for the transition of clients from BAWA to mental health provision

5.3 Social Value

5.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.3.2 The developments within the approach ensure that services providing wellbeing, health and social care for adults deliver benefits to individuals in a much more coordinated fashion, supporting people when they need it and providing the right amount of support to ensure individuals develop the skills they need to make choices for their own wellbeing in the future. Services working together derive social capital from each other and this in turn supports a collaborative approach towards sustainability within an ever-changing economy.

5.4 Legal and Constitutional Reference

5.4.1 The Care Act 2014 (the Act)⁴ placed a duty on Local Authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

- contribute towards preventing or delaying the development by adults in its area of needs for care and support;
- contribute towards preventing or delaying the development by carers in its area of needs for support;
- reduce the needs for care and support of adults in its area;
- reduce the needs for support of carers in its area.

5.4.2 The Care Act 2014 also stipulates that a Local Authority establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.

5.4.3 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution – Section 15 Responsibility for Functions (Annex A). Specific responsibilities of those powers, duties and functions of the Council in relation to adult social care include the following specific function:

- Promoting the best possible Adult Social Care services.
- Working with partners on the Health and Wellbeing 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 that the local authority's safeguarding responsibilities are taken into account.

⁴ The Care Act 2014 – www.legislation.gov.uk/ukpga/2014/23/contents

5.5 Risk Management

5.5.1 The Council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the organisation. Risk management information is reported quarterly to the Council's internal officer Delivery Board and to the relevant Committees and is reflected, as appropriate, throughout the annual business planning process.

5.5.2 A failure to provide appropriate prevention services could result in adults being without the appropriate services which in turn may increase the demand on more intense, longer and more expensive care and support later on. The recommendations in this report have been fully considered to minimise the risk of the changes to services.

5.5.3 The Council will ensure a safe transition for service users from current provision to alternative services. The Council will provide access to reviews, Social Care Direct and information and advice. The transition funding is in place to minimise risk during transition and ensure that alternative, effective provision is in place.

5.6 Equalities and Diversity

5.6.1 Equality and diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must take into account the public sector equalities duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 Section 149 of the Act imposes a duty on 'public authorities' and other bodies when exercising public functions to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it (the nine protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation)

5.6.3 The Care Act 2014 Guidance identifies discriminatory abuse as a specific form of abuse which includes harassment because of race, gender, gender identity, age, disability, sexual orientation or religion.

5.6.4 Equalities Impact Assessments have been completed for all proposed changes and alternative provision considered. These are indicating a potential minimal negative impact as outlined in the table below. The principal mitigations for these minimal negative impacts are the proposals for current and new service delivery outlined in this paper. EIAs will be kept under review and will consider the impact on the sustainability of organisation.

5.6.5 The table (table 8) below provides an overview on the potential impacts and the actions we will be taking to reduce these. The table was included in the previous report as has been updated to reflect the developments in mitigating actions including the alternative provision available.

Table 8: Equalities impact assessment

Contractor Name / Parent Company – service name	Potential equalities risk (prior to mitigation)	Mitigation	Potential equalities risk (following mitigation)
Age UK Barnet – Neighbourhood Services	No impact on service delivery. Efficiencies will be made, by Age UK Barnet (with optimal distribution across the Provider Group), with no impact on service users of Age UK Barnet or the provider group.	N/A	No impact.
Barnet Asian Women’s Association – Mental Health project	Likely impact on: <ul style="list-style-type: none"> • Asian women • People with common mental health problems • Carers 	Transitional funding identified to work with the CCG (Wellbeing Hub) and the Network to ensure that sufficient capacity is in place to replace provision. Service Users who require support when the contract ends will be signposted or transitioned to alternative support for people with mental health conditions available in the borough, as set out in this report. The council will work with the provider to ensure that this process is managed through an agreed exit and transition plan. The council commissions Barnet Carers Centre to provide support to carers. The provider will continue to be offered support by Community Barnet to support sustainability.	Unlikely
Barnet Mencap – Bright Futures	No impact on service delivery.	N/A	No impact.
Chinese Mental Health Association – Floating Support	Likely impact on: <ul style="list-style-type: none"> • Chinese residents • People with common mental health conditions • Older people 	Service Users who require support when the contract ends will be signposted or transitioned to alternative support available in the borough. The Council will work with the provider to ensure that this process is managed through an agreed exit and transition plan. Transitional funding identified to ensure that appropriate alternative provision is available for the people currently using the service specifically focusing on ensuring that cultural and language barriers are addressed. The provider will be offered support by Community Barnet to support sustainability and is likely to continue to provide services in	Unlikely.

		the borough (including leading the voluntary sector collaborative delivering the Wellbeing Hub social prescribing support). Alternative provision is available via talking therapies (IAPT), MAPS and IPS as well as the Digital Mental Wellbeing Service, & the Neighbourhood model.	
Community Focus – Community arts project	Likely impact on: In house <ul style="list-style-type: none"> • People with learning disabilities • People who identify as white • Older people 	Community Focus has stated that it is likely that the cost of courses will increase. If the service stops or residents are unable to pay the higher fee, individuals will be supported to access alternative provision such as Barnet Mencap. Service Users who require support when the grant ends will be signposted or transitioned to alternative support available in the borough. The Council will work with the provider to ensure that this process is managed through an agreed exit and transition plan. Community Focus will be working with the residential care homes currently benefiting from the subsidised courses to negotiate a new offer or the care homes will be looking to provide arts activities in alternative ways. The provider will continue to be supported by Community Barnet to support sustainability. Community Focus is exploring a service package for residential care homes (outreach).	Unlikely.
Inclusion Barnet - Peer support brokerage	Minimal negative impact for people with disabilities.	Support planning function can be provided by Adults and Communities; the roll out of Barnet's strength based approach will support the delivery of this function. The provider will be offered support by Community Barnet to support sustainability.	Unlikely.
Outreach Barnet (Genesis) - Generic Floating Support and Mental health Floating Support	Likely impact on: <ul style="list-style-type: none"> • Adults under 55 • People with mobility issues and mental health issues • The diversity of ethnicities supported by the service generally matches the population as a whole but there is a risk of reducing the reach to certain communities as the service employs 	Mental health component of contract: The mental health component, previously delivered by Genesis, has been included Accommodation and Support Tender. Equalities impact was specifically considered in the design and implementation of the new Accommodation and Support Approved Provider List commissioning in 2016 to start in April 2017, as this element of the service has been commissioned as part of the wider accommodation and support services. The approved list of providers is currently in	Unlikely.

	<p>people from a range of backgrounds who speak numerous languages</p> <ul style="list-style-type: none"> • People who identify as Christian and Muslim 	<p>award stage of the procurement process. The Support at Home lot is designed to offer flexible and short term housing related support for people with mental health conditions. The support is to help people live independently in their own accommodation (private renters and home owners) in the community.</p> <p>Generic Floating Support: The EIA focuses on the 20% reduction of funding for this provision. The generic floating support component of this contract will be extended for 12 months, with a deed of extension and variation, of which is within the scope of the current contract term for potential extension of up to two years. This is to ensure continuity of service to meet current demand needs for the generic service.</p> <p>This extension will permit time to do thorough needs analysis and service review of this component to meet future needs of borough by determining the reach of the current service and that of similar services in the borough. This will identify what, if any, the unmet need is in the borough and the client groups most affected. We will work with the current provider to continue to develop outcome based performance framework with generic clients and do market development/testing work for consideration of re commissioning this service.</p> <p>Specific workshops will be held for current and potential users, carers of the service, providers and the provider market in 2017/18. The outcome of the consultation will inform decision making and help shape the new support offer for generic floating support in the future.</p>	
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5.6.6 From the proposals, looking at the overall, cumulative impact, it appears that, of the protected characteristics, people with mental health conditions, people from specific BAME communities and older people might be disproportionately impacted by the proposals. Therefore, we have paid particular attention to the mitigation of the possible disproportionate impact through:

- Working closely with Barnet Clinical Commissioning Group to link with the Wellbeing Hub developments to ensure there is appropriate capacity and skills within the Hub to meet the needs. Transitional funding has been identified.
- Working with providers to ensure that all services are accessible to people from different BME communities and that people with different faiths are able to access alternative provision without any barriers. Currently, the Neighbourhood Services are accessed by a higher proportion of BME communities compared to the wider population. This will be closely monitored through contract management and service user feedback.
- Working to incorporate the needs of older people, particularly from BAME groups, in the council's services for older people such as Ageing Well and Neighbourhood services.

5.7 Consultation and Engagement

5.7.1 As a matter of public law the duty to consult with regards to proposals to vary, reduce or withdraw services will arise in 4 circumstances:

- where there is a statutory requirement in the relevant legislative framework;
- where the practice has been to consult or where a policy document states the Council will consult then the Council must comply with its own practice or policy;
- exceptionally, where the matter is so important that there is a legitimate expectation of consultation and
- where consultation is required to complete an equalities impact assessment.

5.7.2 Regardless of whether the Council has a duty to consult, if it chooses to consult, such consultation must be carried out fairly. In general, a consultation can only be considered as proper consultation if:

- comments are genuinely invited at the formative stage;
- the consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response;
- there is adequate time given to the consultees to consider the proposals;
- there is a mechanism for feeding back the comments and those comments are conscientiously taken into account by the decision maker / decision making body when making a final decision;
- the degree of specificity with which, in fairness, the public authority should conduct its consultation exercise may be influenced by the identity of those whom it is consulting and;
- the consultation is clear on the reasons why extent to which alternatives

and discarded options have been discarded and are required to be consulted on.

5.7.3 This report, including the full consultation report at Appendix A, identifies that feedback from the consultation with service users, residents and key stakeholders was predominantly negative.

5.7.4 The council must consider the consultation outcome in making its final decision on the proposals.

5.8 Insight

5.8.1 The recommendations have been developed using data from the Joint Strategic Needs Assessment as well as information and guidance from national resources such as National Institute of Clinical Excellence (NICE), The Kings Fund, Local Government Association, National Institute for Health Research and the Institute for Public Policy Research.

6. BACKGROUND PAPERS

6.1 Prevention Services (item 9), Adults and Safeguarding Committee, 10 November 2016

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8674&Ver=4>

6.2 Revised Business Case on Adult Social Care Alternative Delivery Vehicle and Implementation of the New Operating Model (item 8), Adults and Safeguarding Committee, 19 September 2016

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8673&Ver=4>

6.3 Business Planning 2017 – 20 (item 8), Policy and Resources Committee, 28 June 2016

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=8728&Ver=4>

6.4 Community Focus – extension of funding agreement, 2016/17 (item 14), Community Leadership Committee, 9 March 2016:

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=694&MId=8370&Ver=4>

6.5 Updated Commissioning Plan (item 7), Adults and Safeguarding Committee, 7 March 2016

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8364&Ver=4>

6.6 Extension of Mental Health Prevention and Supported Living Services (item 11), Policy and Resources, 16 February 2016

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=8351&Ver=4>

- 6.7 Barnet Carers and Young Carers Strategy 2015 – 2020: “Carers are supported and valued by our communities” (item 12), Policy and Resources, 16 February 2016
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=692&MId=8351&Ver=4>
- 6.8 Covenant with faith communities and Charter with the voluntary sector (item 12, appendix B), Community Leadership Committee, 24 June 2015
<http://barnet.moderngov.co.uk/documents/g8367/Public%20reports%20pack%2024th-Jun-2015%2019.00%20Community%20Leadership%20Committee.pdf?T=10>
- 6.9 Implementing the Care Act 2014: Carers; Prevention; Information, Advice and Advocacy (item 11), Adults and Safeguarding Committee, 19 March 2015
<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=7933&Ver=4>